

Health and Human Services Appropriations Bill House File 653

Last Action:

Final Action

April 20, 2017

An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, providing penalties, and including effective date and retroactive and other applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available online at <https://www.legis.iowa.gov/publications/information/appropriationBillAnalysis>

LSA Contacts: Jess R. Benson (515)281-4611 Kenneth C. Ohms (515)725-2200 Angel Banks-Adams (515)281-6301

FUNDING SUMMARY

General Fund FY 2018: Appropriates a total of \$1,766.4 million from the General Fund and 4,665.2 FTE positions to the Department on Aging (IDA), the Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is a decrease of \$27.9 million and a decrease of 0.5 FTE position compared to estimated net FY 2017.

Other Funds FY 2018: Appropriates a total of \$426.2 million from other funds. This is a decrease of \$23.3 million compared to estimated net FY 2017.

Standing Appropriations FY 2018: In addition to the actual appropriations in this Bill, the attached tracking includes the following standing appropriations and unappropriated FTE positions that are automatically appropriated in statute:

- \$224,000 to the DPH for the Registry for Congenital and Inherited Disorders.
- \$233,000 to the DHS for Child Abuse Prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for Nonresident Mental Illness Commitment.

General Fund FY 2019: Appropriates a total of \$883.5 million from the General Fund and 4,665.2 FTE positions to the IDA, DPH, DHS, IVA, and the IVH. This is a 50.0% decrease in funding, with the exception of the standing appropriations, and no change in FTE positions compared to FY 2018.

Other Funds FY 2019: Appropriates a total of \$324.1 million from other funds. This is a 50.0% decrease in funding compared to estimated FY 2018.

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Human Services

State Family Planning Servicer Program: Establishes a State Family Planning Services Program to replicate the eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

Home and Community-Based Services (HCBS) Rate Methodology: Requires the DHS to discontinue using the cost settlement methodology and begin using a tiered rate methodology for providers of supported community living, day habilitation, and adult day services for persons with intellectual disabilities under the HCBS waiver program.

Page 139, Line 4

MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

Department on Aging: Appropriates \$11.0 million and 27.0 FTE positions. This is a decrease of \$1.0 million compared to estimated net FY 2017.

Page 2, Line 3

Office of Long-Term Care Ombudsman: Appropriates \$1.2 million and 16.0 FTE positions. This is a decrease of \$164,000 compared to estimated net FY 2017.

Page 4, Line 21

Department of Public Health: Appropriates \$51.3 million and 186.0 FTE positions. This is a net decrease of \$5.7 million and no change in FTE positions compared to estimated net FY 2017. The significant changes include:

Page 4, Line 32

- A decrease of \$1.3 million to the Addictive Disorders appropriation.
- A decrease of \$112,000 to the Healthy Children and Families appropriation.
- A net decrease of \$658,000 to the Chronic Conditions appropriation.
- A net decrease of \$3.9 million to the Community Capacity appropriation.
- An increase of \$1.1 million to the Essential Public Health Services appropriation.
- A net increase of \$398,000 to the Infectious Diseases appropriation.
- A net decrease of \$52,000 to the Public Protection appropriation.
- A decrease of \$1.3 million to be spread across all Department appropriations.

Department of Veterans Affairs and Iowa Veterans Home: Appropriates \$11.3 million and 15.0 FTE positions. This is a decrease of \$638,000 and an increase of 0.8 FTE position compared to estimated net FY 2017.

Page 16, Line 22

Department of Human Services: Appropriates \$1,691.6 billion from the General Fund and 4,421.2 FTE positions. This is a net decrease of \$20.4 million and 1.2 FTE positions compared to estimated net FY 2017. Significant changes include:

Page 18, Line 4

- A net increase of \$6.8 million for the Family Investment Program (FIP)/PROMISE JOBS appropriation.
- A net decrease of \$2.1 million for the Child Support Recovery Unit appropriation.
- A net decrease of \$18.8 million for the Medicaid appropriation.
- A net increase of \$581,000 for the Medical Contracts appropriation.

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 653

- A decrease of \$349,000 for the State Supplementary Assistance appropriation.
- A net decrease of \$917,000 for the State Children's Health Insurance Program (hawk-i Program) appropriation.
- A net increase of \$7.6 million for the Child Care Assistance (CCA) appropriation.
- A decrease of \$883,000 for the State Training School at Eldora appropriation.
- A net increase of \$3.4 million for the Child and Family Services appropriation.
- A decrease of \$1.9 million for the Adoption Subsidy appropriation.
- A net increase of \$297,000 for the Family Support Subsidy appropriation.
- A combined decrease of \$1.7 million for the two Mental Health Institute (MHI) appropriations.
- A combined decrease of \$4.5 million for the two State Resource Center appropriations.
- A decrease of \$1.2 million for the Civil Commitment Unit for Sexual Offenders appropriation.
- A decrease of \$886,000 for the Field Operations appropriation.
- A decrease of \$1.4 million for the General Administration appropriation.
- A decrease of \$1.5 million to be spread across all Department appropriations.
- A decrease of \$3.0 million for the Regional Mental Health Grants appropriation, due to a one-time appropriation in FY 2017.

Temporary Assistance for Needy Families (TANF) Federal Block Grant: Appropriates \$132.0 million for FY 2018 for various DHS programs. This is a net decrease of \$24.3 million compared to estimated net FY 2017.

Page 18, Line 6

Health Care Trust Fund: Appropriates \$221.9 million for FY 2018 for the Medicaid Program. This is an increase of \$2.0 million compared to estimated net FY 2017.

Page 27, Line 29

Medicaid Fraud Fund: Appropriates \$500,000 for FY 2018 for the Medicaid Program. This is no change compared to estimated net FY 2017.

Page 28, Line 3

Pharmaceutical Settlement Account: Appropriates \$800,000 for FY 2018 for Medical Contracts. This is a decrease of \$500,000 compared to estimated net FY 2017.

Page 67, Line 6

Quality Assurance Trust Fund: Appropriates \$36.7 million for FY 2018 for the Medicaid Program. This is no change compared to estimated net FY 2017.

Page 67, Line 17

Hospital Health Care Access Trust Fund: Appropriates \$33.9 million for FY 2018 for the Medicaid Program. This is a decrease of \$779,000 compared to estimated net FY 2017.

Page 67, Line 29

Iowa Care Fund: Appropriates \$258,000 for FY 2018 for the Medicaid Program. This is a one-time

Page 144, Line 16

appropriation.

Nonparticipating Provider Reimbursement Fund: Appropriates \$103,000 for FY 2018 for the Medicaid Program. This is a one-time appropriation.

Page 144, Line 16

STUDIES AND INTENT

Department of Human Services

Step Therapy Report: Requires the DHS to review the use of step therapy protocols and the application of step therapy override exceptions under the Medicaid program and report the findings of the review and recommendations by November 15, 2017.

Page 36, Line 2

Child Care Assistance Program: States that although the Program is not an entitlement and services are limited to the extent of the funds appropriated for the Program, it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2018 to avoid the establishment of a waiting list.

Page 39, Line 20

Background Checks Report: Requires the DHS and Department of Public Safety to review alternatives for contracting the performance of State mandated criminal background checks to a non-State entity and to submit a report by December 15, 2017.

Page 134, Line 20

Department of Public Health

Alzheimer's Association Project: Requires the DPH to assist the Alzheimer's Association of Greater Iowa with identifying funding opportunities to support the HERO Project for individuals caring for a family member with dementia-related conditions.

Page 142, Line 12

Department on Aging

Dementia-Specific Care: Requires the IDA, DPH, Department of Inspections and Appeals (DIA), and DHS to analyze and make recommendations for coordinating between State agencies and private entities to promote increased access to care for individuals diagnosed with dementia. A report must be filed with the Governor and General Assembly by December 15, 2017.

Page 142, Line 18

Iowa Veterans Home

Discharge Report: Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

Page 17, Line 15

EXECUTIVE SUMMARY

HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

HOUSE FILE 653

Legislative Council

Telehealth Parity Interim Committee: Requests that the Legislative Council establish an interim study committee to examine issues relating to telehealth parity for private insurance and State employee health plans and report to the General Assembly by December 15, 2017.

Page 140, Line 23

Opioid Epidemic Interim Committee: Requests that the Legislative Council establish an interim study committee on evaluating the State's response to the opioid epidemic. The interim committee is required to submit a report to the Governor and General Assembly by November 15, 2017, that includes findings and recommendations.

Page 151, Line 24

SIGNIFICANT CODE CHANGES

Department of Human Services

Biologics and Genetically Targeted Drugs: Requires the Pharmaceutical and Therapeutics Committee under Medicaid to request and consider information from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease when making recommendations regarding drugs and to develop a preferred drug list by considering each drug's clinically meaningful therapeutic advantages in terms of safety.

Page 132, Line 29

Hospital Health Care Access Trust Fund: Extends the repeal of the Hospital Health Care Access Assessment Program to July 1, 2019 (FY 2020).

Page 145, Line 1

State Supplementary Assistance: Specifies that beginning July 1, 2017, privately operated licensed custodial care facilities are to be reimbursed based on the maximum per diem rates established by the General Assembly for the State Supplementary Assistance Program.

Page 145, Line 10

Juvenile Beds Cap: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272.

Page 145, Line 31

Civil Commitment Unit for Sexual Offenders (CCUSO) Transfer: Amends language that allows the DHS to transfer funds between the institutions to include the CCUSO.

Page 146, Line 8

Nursing Facility Alternative Payment Program: Amends the Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program enacted in HF 2460 (FY 2017 Health and Human Services Appropriations Act).

Page 147, Line 18

Department of Public Health

Office of Minority and Multicultural Health: Repeals the Office of Minority and Multicultural Health that was created in 2006. Page 142, Line 35

Prior Consent: Prohibits a licensed or certified medical practitioner, clinical student, or resident in a profession from performing a pelvic examination on an anesthetized patient without prior written consent. Page 146, Line 21

EFFECTIVE DATE

Department of Human Services

The Division transferring Child Care Facility Funds is effective upon enactment. Page 132, Line 24

The Division directing the DHS to evaluate an opportunity to join a pilot program that utilizes the National Accuracy Clearinghouse to verify participation in public assistance programs, including Medicaid, the FIP, the Supplemental Nutrition Assistance Program, and the CCA Program is effective upon enactment and retroactive to March 30, 2017. Page 134, Line 13

The Division creating a State Family Planning Services Program is effective upon enactment. Page 138, Line 33

The Division relating to rate methodology and documentation for HCBS providers is effective upon enactment. Page 140, Line 18

The Division relating to the carryforward of Title IV-E funding and the transfer of Decategorization dollars to Medicaid is effective upon enactment and retroactive to July 1, 2016. Page 144, Line 8

The Division appropriating the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid is effective upon enactment. Page 144, Line 31

The Division relating to the repeal of the Hospital Health Care Access Provider Assessment Program is effective upon enactment. Page 145, Line 5

The Division relating to the Non-State Government-Owned Nursing Facility Upper Payment Limit Alternative Payment Program is effective upon enactment and applies retroactively to May 27, 2016. Page 151, Line 17

House File 653 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
132	29	81	Amend	249A.20A.3
133	23	82	Add	249A.24.2A
137	27	90	New	217.41B
142	35	98	Amend	135.159.3.i
143	13	99	Repeal	135.12
145	1	106	Amend	249M.5
145	10	108	Amend	249.12
145	31	109	Amend	232.142.5
146	8	110	Amend	218.6
146	23	111	New	147.114
147	18	112	Strike and Replace	249I.2.6

2 1 DIVISION I
2 2 DEPARTMENT ON AGING — FY 2017-2018

2 3 Section 1. DEPARTMENT ON AGING. There is appropriated from
2 4 the general fund of the state to the department on aging for
2 5 the fiscal year beginning July 1, 2017, and ending June 30,
2 6 2018, the following amount, or so much thereof as is necessary,
2 7 to be used for the purposes designated:

2 8 For aging programs for the department on aging and area
2 9 agencies on aging to provide citizens of Iowa who are 60 years
2 10 of age and older with case management for frail elders, Iowa's
2 11 aging and disabilities resource center, and other services
2 12 which may include but are not limited to adult day services,
2 13 respite care, chore services, information and assistance,
2 14 and material aid, for information and options counseling for
2 15 persons with disabilities who are 18 years of age or older,
2 16 and for salaries, support, administration, maintenance, and
2 17 miscellaneous purposes, and for not more than the following
2 18 full-time equivalent positions:
2 19 \$ 11,042,476
2 20 FTEs 27.00

2 21 1. Funds appropriated in this section may be used to
2 22 supplement federal funds under federal regulations. To
2 23 receive funds appropriated in this section, a local area
2 24 agency on aging shall match the funds with moneys from other
2 25 sources according to rules adopted by the department. Funds
2 26 appropriated in this section may be used for elderly services
2 27 not specifically enumerated in this section only if approved
2 28 by an area agency on aging for provision of the service within
2 29 the area.

2 30 2. Of the funds appropriated in this section, \$279,946 is
2 31 transferred to the economic development authority for the Iowa
2 32 commission on volunteer services to be used for the retired and
2 33 senior volunteer program.

2 34 3. a. The department on aging shall establish and enforce
2 35 procedures relating to expenditure of state and federal funds
3 1 by area agencies on aging that require compliance with both
3 2 state and federal laws, rules, and regulations, including but
3 3 not limited to all of the following:
3 4 (1) Requiring that expenditures are incurred only for goods
3 5 or services received or performed prior to the end of the

General Fund appropriation to the [Department on Aging](#) (IDA) for FY 2018.

DETAIL: This is a decrease of \$1,028,674 and a decrease of 0.01 FTE position compared to estimated net FY 2017. The changes include:

- A decrease of \$150,000 to the Elder Abuse Initiative.
- A decrease of \$250,000 to the LifeLong Links Program.
- A decrease of \$628,674 due to a general reduction to the Department.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Service in the Iowa Economic Development Authority for the Retired and Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The RSVP engages adults age 55 years and older in meaningful volunteer opportunities.

Requires the IDA to establish and enforce procedures related to expenditures of State and federal funds and to comply with both State and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

3 6 fiscal period designated for use of the funds.
 3 7 (2) Prohibiting prepayment for goods or services not
 3 8 received or performed prior to the end of the fiscal period
 3 9 designated for use of the funds.
 3 10 (3) Prohibiting the prepayment for goods or services
 3 11 not defined specifically by good or service, time period, or
 3 12 recipient.
 3 13 (4) Prohibiting the establishment of accounts from which
 3 14 future goods or services which are not defined specifically by
 3 15 good or service, time period, or recipient, may be purchased.
 3 16 b. The procedures shall provide that if any funds are
 3 17 expended in a manner that is not in compliance with the
 3 18 procedures and applicable federal and state laws, rules, and
 3 19 regulations, and are subsequently subject to repayment, the
 3 20 area agency on aging expending such funds in contravention of
 3 21 such procedures, laws, rules and regulations, not the state,
 3 22 shall be liable for such repayment.

3 23 4. Of the funds appropriated in this section, at least
 3 24 \$250,000 shall be used to fund the unmet needs identified
 3 25 through Iowa's aging and disability resource center network.

Allocates at least \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

3 26 5. Of the funds appropriated in this section, at least
 3 27 \$600,000 shall be used to fund home and community-based
 3 28 services through the area agencies on aging that enable older
 3 29 individuals to avoid more costly utilization of residential or
 3 30 institutional services and remain in their own homes.

Allocates at least \$600,000 to be used for HCBS provided through an AAA.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

3 31 6. Of the funds appropriated in this section, \$812,537
 3 32 shall be used for the purposes of chapter 231E and section
 3 33 231.56A, of which \$350,000 shall be used for the office of
 3 34 substitute decision maker pursuant to chapter 231E, and the
 3 35 remainder shall be distributed equally to the area agencies on
 4 1 aging to administer the prevention of elder abuse, neglect, and
 4 2 exploitation program pursuant to section 231.56A, in accordance
 4 3 with the requirements of the federal Older Americans Act of
 4 4 1965, 42 U.S.C. §3001 et seq., as amended.

Allocates \$812,537 for the following:

- \$462,537 to administer programs for the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Center (ADRC).
- \$350,000 for the Office of Substitute Decision Maker (OSDM).

DETAIL: This is a decrease of \$150,000 to the ADRC and no change to the OSDM compared to the estimated net FY 2017 allocation. The ADRC is the system that provides a single entry point/no wrong door access to Iowa's long-term community supports and services. The OSDM works with individuals who are not capable of making their own decisions about legal, financial, or health care matters. Depending on the situation, the OSDM may act as an individual's guardian, conservator, attorney-in-fact under a health care power of attorney document, agent under a financial power of attorney document, personal representative, or representative payee.

4 5 7. Of the funds appropriated in this section, \$750,000
 4 6 shall be used to fund continuation of the aging and disability
 4 7 resource center lifelong links to provide individuals and
 4 8 caregivers with information and services to plan for and
 4 9 maintain independence.

Allocates \$750,000 to continue the LifeLong Links Resource Program.

DETAIL: This is a decrease of \$250,000 compared to the estimated net FY 2017 allocation. LifeLong Links helps to connect older adults, adults with disabilities, veterans, and their caregivers to local service providers who can help these individuals maintain their independence at home or in the community of their choice.

4 10 8. Notwithstanding section 8.39, for the fiscal year
 4 11 beginning July 1, 2017, the department may transfer funds
 4 12 within or between the allocations made in this division of this
 4 13 Act for the same fiscal year in accordance with departmental
 4 14 priorities. The department shall report any such transfers
 4 15 to the individuals specified in this Act for submission of
 4 16 reports. This subsection shall not be construed to prohibit
 4 17 the use of existing state transfer authority for other
 4 18 purposes.

Permits the IDA to transfer funds within or between allocations in this Division of this Bill. Requires the IDA to report any transfers to the individuals identified in the Bill.

4 19 DIVISION II
 4 20 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2017-2018

4 21 Sec. 2. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
 4 22 appropriated from the general fund of the state to the office
 4 23 of long-term care ombudsman for the fiscal year beginning July
 4 24 1, 2017, and ending June 30, 2018, the following amount, or
 4 25 so much thereof as is necessary, to be used for the purposes
 4 26 designated:

General Fund appropriation to the [Office of Long-Term Care Ombudsman](#) for FY 2018.

DETAIL: This is an decrease of \$163,921 and an increase of 0.01 FTE position compared to estimated net FY 2017. The decrease in funding is due to a general reduction.

4 27 For salaries, support, administration, maintenance, and
 4 28 miscellaneous purposes, and for not more than the following
 4 29 full-time equivalent positions:
 4 30 \$ 1,160,281
 4 31 FTEs 16.00

4 32 DIVISION III
 4 33 DEPARTMENT OF PUBLIC HEALTH — FY 2017-2018

4 34 Sec. 3. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 4 35 from the general fund of the state to the department of public
 5 1 health for the fiscal year beginning July 1, 2017, and ending
 5 2 June 30, 2018, the following amounts, or so much thereof as is
 5 3 necessary, to be used for the purposes designated:

5 4 1. ADDICTIVE DISORDERS

General Fund appropriation to [Addictive Disorders](#) programs.

5 5 For reducing the prevalence of the use of tobacco, alcohol,
 5 6 and other drugs, and treating individuals affected by addictive
 5 7 behaviors, including gambling, and for not more than the
 5 8 following full-time equivalent positions:

DETAIL: This is a decrease of \$1,272,603 and no change in FTE positions compared to estimated net FY 2017. The changes are as follows:

5 9 \$ 24,985,831
 5 10 FTEs 10.00

- A decrease of \$1,000,000 to the Tobacco Cessation Program.
- A decrease of \$272,603 to eliminate the Culturally Competent Substance Abuse Grants.

5 11 a. (1) Of the funds appropriated in this subsection,
 5 12 \$4,021,225 shall be used for the tobacco use prevention
 5 13 and control initiative, including efforts at the state and
 5 14 local levels, as provided in chapter 142A. The commission
 5 15 on tobacco use prevention and control established pursuant
 5 16 to section 142A.3 shall advise the director of public health
 5 17 in prioritizing funding needs and the allocation of moneys
 5 18 appropriated for the programs and initiatives. Activities
 5 19 of the programs and initiatives shall be in alignment with
 5 20 the United States centers for disease control and prevention
 5 21 best practices for comprehensive tobacco control programs that
 5 22 include the goals of preventing youth initiation of tobacco
 5 23 usage, reducing exposure to secondhand smoke, and promotion
 5 24 of tobacco cessation. To maximize resources, the department
 5 25 shall determine if third-party sources are available to
 5 26 instead provide nicotine replacement products to an applicant
 5 27 prior to provision of such products to an applicant under
 5 28 the initiative. The department shall track and report to
 5 29 the individuals specified in this Act, any reduction in
 5 30 the provision of nicotine replacement products realized by
 5 31 the initiative through implementation of the prerequisite
 5 32 screening.

Allocates \$4,021,225 for tobacco use prevention and control initiatives, including Community Partnerships. Requires activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention best practices. Requires a report on any reduction in providing nicotine replacement products realized by screening for third-party sources of funding for the nicotine replacement products.

DETAIL: This is a decrease of \$1,000,000 compared to the estimated net FY 2017 allocation. The decrease is to the Tobacco Cessation Program. The Commission on Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-related diseases and death by preventing youth from starting tobacco use, helping adults and youths quit, and preventing exposure to secondhand tobacco smoke.

5 33 (2) (a) The department shall collaborate with the
 5 34 alcoholic beverages division of the department of commerce for
 5 35 enforcement of tobacco laws, regulations, and ordinances and to
 6 1 engage in tobacco control activities approved by the division
 6 2 of tobacco use prevention and control of the department of
 6 3 public health as specified in the memorandum of understanding
 6 4 entered into between the divisions.

Requires the Department of Public Health (DPH) to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

6 5 (b) For the fiscal year beginning July 1, 2017, and ending
 6 6 June 30, 2018, the terms of the memorandum of understanding,
 6 7 entered into between the division of tobacco use prevention
 6 8 and control of the department of public health and the
 6 9 alcoholic beverages division of the department of commerce,
 6 10 governing compliance checks conducted to ensure licensed retail
 6 11 tobacco outlet conformity with tobacco laws, regulations, and
 6 12 ordinances relating to persons under 18 years of age, shall
 6 13 continue to restrict the number of such checks to one check per
 6 14 retail outlet, and one additional check for any retail outlet
 6 15 found to be in violation during the first check.

6 16 b. Of the funds appropriated in this subsection,
 6 17 \$20,964,606 shall be used for problem gambling and
 6 18 substance-related disorder prevention, treatment, and recovery
 6 19 services, including a 24-hour helpline, public information
 6 20 resources, professional training, youth prevention, and program
 6 21 evaluation.

Allocates \$20,964,606 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is a decrease of \$272,603 compared to the estimated net FY 2017 allocation. The decrease eliminates funding for the Cultural Competent Substance Abuse grants. The Division of Behavioral Health's Bureau of Substance Abuse works to address prevention and treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services.

6 22 c. The requirement of section 123.17, subsection 5, is met
 6 23 by the appropriations and allocations made in this division of
 6 24 this Act for purposes of substance-related disorder treatment
 6 25 and addictive disorders for the fiscal year beginning July 1,
 6 26 2017.

Specifies that the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Bill.

DETAIL: This Code section requires the Department of Commerce to transfer \$2,000,000, plus an amount determined by the General Assembly, from the Beer and Liquor Control Fund to the General Fund for the Comprehensive Substance Abuse Program.

6 27 2. HEALTHY CHILDREN AND FAMILIES

6 28 For promoting the optimum health status for children,
 6 29 adolescents from birth through 21 years of age, and families,
 6 30 and for not more than the following full-time equivalent
 6 31 positions:
 6 32 \$ 5,325,632
 6 33 FTEs 12.00

General Fund appropriation to [Healthy Children and Families](#) programs.

DETAIL: This is a decrease of \$111,995 and no change in FTE positions compared to estimated net FY 2017. The decrease will eliminate funding for the Childhood Obesity allocation.

6 34 a. Of the funds appropriated in this subsection, not more
 6 35 than \$734,841 shall be used for the healthy opportunities for
 7 1 parents to experience success (HOPES)-healthy families Iowa
 7 2 (HFI) program established pursuant to section 135.106. The
 7 3 funding shall be distributed to renew the grants that were
 7 4 provided to the grantees that operated the program during the
 7 5 fiscal year ending June 30, 2017.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Requires funds to be distributed to the grantees who received funding in FY 2017. This Program provides support for families through home visits that begin during pregnancy or at the birth of a child, and can continue through age four.

7 6 b. In order to implement the legislative intent stated in
 7 7 sections 135.106 and 256I.9, that priority for home visitation
 7 8 program funding be given to programs using evidence-based or
 7 9 promising models for home visitation, it is the intent of the
 7 10 general assembly to phase in the funding priority in accordance
 7 11 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 7 12 paragraph "0b".

Specifies legislative intent for Iowa Code section [135.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation. Funding priority is to be phased in as established in prior legislation.

7 13 c. Of the funds appropriated in this subsection, \$3,075,101
7 14 shall be used for continuation of the department's initiative
7 15 to provide for adequate developmental surveillance and
7 16 screening during a child's first five years. The funds shall
7 17 be used first to fully fund the current sites to ensure that
7 18 the sites are fully operational, with the remaining funds
7 19 to be used for expansion to additional sites. The full
7 20 implementation and expansion shall include enhancing the scope
7 21 of the initiative through collaboration with the child health
7 22 specialty clinics to promote healthy child development through
7 23 early identification and response to both biomedical and social
7 24 determinants of healthy development; by monitoring child
7 25 health metrics to inform practice, document long-term health
7 26 impacts and savings, and provide for continuous improvement
7 27 through training, education, and evaluation; and by providing
7 28 for practitioner consultation particularly for children with
7 29 behavioral conditions and needs. The department of public
7 30 health shall also collaborate with the Iowa Medicaid enterprise
7 31 and the child health specialty clinics to integrate the
7 32 activities of the first five initiative into the establishment
7 33 of patient-centered medical homes, community utilities,
7 34 accountable care organizations, and other integrated care
7 35 models developed to improve health quality and population
8 1 health while reducing health care costs. To the maximum extent
8 2 possible, funding allocated in this paragraph shall be utilized
8 3 as matching funds for medical assistance program reimbursement.

Allocates \$3,075,101 for the Iowa 1st Five Healthy Mental Development Initiative programs.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. This is a public-private mental development initiative that partners primary care and public health services in Iowa to enhance high-quality well-child care. The 1st Five Model supports health providers in the earlier detection of socioemotional delays, developmental delays, and family risk-related factors in children from birth to age five. The Initiative then coordinates referrals, interventions, and follow-up.

8 4 d. Of the funds appropriated in this subsection, \$64,640
8 5 shall be distributed to a statewide dental carrier to provide
8 6 funds to continue the donated dental services program patterned
8 7 after the projects developed by the lifeline network to provide
8 8 dental services to indigent individuals who are elderly or with
8 9 disabilities.

Allocates \$64,640 for a Donated Dental Services Program for indigent elderly and disabled individuals.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 10 e. Of the funds appropriated in this subsection, \$156,482
8 11 shall be used to provide audiological services and hearing
8 12 aids for children. The department may enter into a contract
8 13 to administer this paragraph.

Allocates \$156,482 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 14 f. Of the funds appropriated in this subsection, \$23,000 is
8 15 transferred to the university of Iowa college of dentistry for
8 16 provision of primary dental services to children. State funds
8 17 shall be matched on a dollar-for-dollar basis. The university
8 18 of Iowa college of dentistry shall coordinate efforts with the
8 19 department of public health, bureau of oral and health delivery

Transfers \$23,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

8 20 systems, to provide dental care to underserved populations
8 21 throughout the state.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

8 22 g. Of the funds appropriated in this subsection, \$50,000
8 23 shall be used to address youth suicide prevention.

Allocates \$50,000 for a Youth Suicide Prevention Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Funds are used to provide the Your Life Iowa resource which offers support and services for suicide prevention and bullying prevention. These services include a website, online chat, and toll-free hotline, all available 24/7, and texting services from 2-10 PM daily.

8 24 h. Of the funds appropriated in this subsection, \$40,511
8 25 shall be used to support the Iowa effort to address the survey
8 26 of children who experience adverse childhood experiences known
8 27 as ACEs.

Allocates \$40,511 to support the Iowa effort to address the study of children who experience adverse childhood experiences (ACEs).

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Supports the Adverse Childhood Experiences Study being conducted by the Central Iowa ACEs Steering Committee. The original Adverse Childhood Experiences Study revealed that childhood trauma is common and can have a large impact on future behaviors and health outcomes. Funding is used to include the ACEs-related surveillance questions to the Behavioral Risk Factor Surveillance System to further track and study this topic.

8 28 i. The department of public health shall continue to
8 29 administer the program to assist parents in this state with
8 30 costs resulting from the death of a child in accordance with
8 31 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
8 32 subsection 12.

Requires the DPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to Department of Human Services (DHS).

DETAIL: The Program received an allocation of \$100,000 with nonreversion language in FY 2016. As of April 1, 2017, no funds remain available for the Program.

8 33 3. CHRONIC CONDITIONS
8 34 For serving individuals identified as having chronic
8 35 conditions or special health care needs, and for not more than
9 1 the following full-time equivalent positions:
9 2 \$ 4,170,750
9 3 FTEs 5.00

General Fund appropriation to [Chronic Conditions](#) programs.

DETAIL: This is a net decrease of \$658,167 and no change in FTE positions compared to estimated net FY 2017. Changes include:

- A decrease of \$124,414 to relocate the Prescription Drug Donation Program to Community Capacity.
- A decrease of \$512,062 to relocate the AIDS Drug Assistance Program (ADAP) to Infectious Diseases.
- A decrease of \$100,000 to the Cervical Cancer Screening Program.
- An increase of \$50,000 to the Melanoma Research and Clinical Trials allocation.

- An increase of \$28,309 to Child Health Specialty Clinics (CHSC).

9 4 a. Of the funds appropriated in this subsection, \$153,755
 9 5 shall be used for grants to individual patients who have an
 9 6 inherited metabolic disorder to assist with the costs of
 9 7 medically necessary foods and formula.

Allocates \$153,755 for grants to individual patients with inherited metabolic disorders to assist with necessary costs for special foods.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The grants assist with the costs of necessary special foods and supplements for individual patients with phenylketonuria (PKU) or other inherited metabolic disorders. Funds are provided to individuals only after they have shown that all benefits from third-party payors and other government assistance programs have been exhausted.

9 8 b. Of the funds appropriated in this subsection, \$1,020,794
 9 9 shall be used for the brain injury services program pursuant
 9 10 to section 135.22B, including for contracting with an existing
 9 11 nationally affiliated and statewide organization whose purpose
 9 12 is to educate, serve, and support lowans with brain injury and
 9 13 their families for resource facilitator services in accordance
 9 14 with section 135.22B, subsection 9, and for contracting to
 9 15 enhance brain injury training and recruitment of service
 9 16 providers on a statewide basis. Of the amount allocated in
 9 17 this paragraph, \$95,000 shall be used to fund one full-time
 9 18 equivalent position to serve as the state brain injury services
 9 19 program manager.

Allocates \$1,020,794 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Brain Injury Services Program established in Iowa Code section [135.22B](#) works to improve the lives of lowans living with brain injuries and their families by linking people with services, promoting safety to prevent brain injuries, and training providers to best work with individuals who have sustained a brain injury. Most of this work is achieved through a contract with the Brain Injury Alliance of Iowa.

9 20 c. Of the funds appropriated in this subsection, \$144,097
 9 21 shall be used for the public purpose of continuing to contract
 9 22 with an existing national-affiliated organization to provide
 9 23 education, client-centered programs, and client and family
 9 24 support for people living with epilepsy and their families.
 9 25 The amount allocated in this paragraph in excess of \$100,000
 9 26 shall be matched dollar-for-dollar by the organization
 9 27 specified.

Allocates \$144,097 for epilepsy education and support. Requires a dollar-for-dollar match of \$44,097 of the funds received.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Funding provides for education, client-centered programs, and client and family support for people living with epilepsy and their families.

9 28 d. Of the funds appropriated in this subsection, \$809,550
 9 29 shall be used for child health specialty clinics.

Allocates \$809,550 for CHSC.

DETAIL: This is an increase of \$28,309 compared to the estimated net FY 2017 allocation. The CHSC Program is operated by the University of Iowa (UI) Department of Pediatrics, and facilitates the development of family-centered, community-based, coordinated systems of care for children and youth with special health care needs. CHSC serves children and youth, from birth through 21 years of age, who live in Iowa and have a chronic condition (physical, developmental, behavioral, or emotional) or are at increased risk for a chronic condition and also have a need for special services.

9 30 e. Of the funds appropriated in this subsection, \$384,552
 9 31 shall be used by the regional autism assistance program
 9 32 established pursuant to section 256.35, and administered by
 9 33 the child health specialty clinic located at the university of
 9 34 Iowa hospitals and clinics. The funds shall be used to enhance
 9 35 interagency collaboration and coordination of educational,
 10 1 medical, and other human services for persons with autism,
 10 2 their families, and providers of services, including delivering
 10 3 regionalized services of care coordination, family navigation,
 10 4 and integration of services through the statewide system of
 10 5 regional child health specialty clinics and fulfilling other
 10 6 requirements as specified in chapter 225D. The university of
 10 7 Iowa shall not receive funds allocated under this paragraph for
 10 8 indirect costs associated with the regional autism assistance
 10 9 program.

Allocates \$384,552 to be used by the Regional Autism Assistance Program (RAP) to create autism support programs administered by the CHSC located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The UI is prohibited from receiving any funds for indirect costs associated with the allocation. The RAP teams provide regional screenings for toddlers and youth and coordinate referrals for assessment and diagnostic services. In addition, the RAP coordinates in-service training, and provides technical assistance, consultation, information, and referral.

10 10 f. Of the funds appropriated in this subsection, \$577,375
 10 11 shall be used for the comprehensive cancer control program to
 10 12 reduce the burden of cancer in Iowa through prevention, early
 10 13 detection, effective treatment, and ensuring quality of life.
 10 14 Of the funds allocated in this paragraph "f", \$150,000 shall
 10 15 be used to support a melanoma research symposium, a melanoma
 10 16 biorepository and registry, basic and translational melanoma
 10 17 research, and clinical trials.

Allocates \$577,375 for the Iowa Comprehensive Cancer Control Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.

DETAIL: This is an increase of \$50,000 compared to the estimated net FY 2017 allocation. The increase sets the melanoma research allocation at the FY 2016 level.

10 18 g. Of the funds appropriated in this subsection, \$97,532
 10 19 shall be used for cervical and colon cancer screening, and
 10 20 \$177,720 shall be used to enhance the capacity of the cervical
 10 21 cancer screening program to include provision of recommended
 10 22 prevention and early detection measures to a broader range of
 10 23 low-income women.

Allocates \$97,532 for cervical and colon cancer screening and \$177,720 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$275,252.

DETAIL: This is a decrease of \$100,000 for the enhanced capacity allocation compared to the estimated net FY 2017 allocation.

10 24 h. Of the funds appropriated in this subsection, \$506,355
 10 25 shall be used for the center for congenital and inherited
 10 26 disorders.

Allocates \$506,355 for the Center for Congenital and Inherited Disorders (CCID) central registry.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The mission of the CCID is to initiate, conduct, and supervise genetic investigations and research to provide for the protection and promotion of the health of Iowans.

10 27 i. Of the funds appropriated in this subsection,
 10 28 \$215,263 shall be used by the department of public health
 10 29 for reform-related activities, including but not limited to
 10 30 facilitation of communication to stakeholders at the state and
 10 31 local level, administering the patient-centered health advisory
 10 32 council pursuant to section 135.159, and involvement in health

Allocates \$215,263 for the DPH Office of Health Care Transformation (OHCT), which handles Affordable Care Act related initiatives.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. This Office serves as a key point of contact for initiatives at the DPH related to the Affordable Care Act, including Health Benefit

10 33 care system innovation activities occurring across the state.

Exchange, Accountable Care Organizations, Patient Centered Medical Home/Health Homes, prevention and chronic care management initiatives, community utility, and care coordination. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts.

10 34 j. Of the funds appropriated in this subsection, \$22,100
10 35 shall be used for administration of chapter 124D, the medical
11 1 cannabidiol Act.

Allocates \$22,100 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

11 2 4. COMMUNITY CAPACITY
11 3 For strengthening the health care delivery system at the
11 4 local level, and for not more than the following full-time
11 5 equivalent positions:
11 6 \$ 2,907,776
11 7 FTEs 13.00

General Fund appropriation to [Community Capacity](#) programs.

DETAIL: This is a net decrease of \$3,877,264 and no change in FTE positions compared to estimated net FY 2017. The General Fund changes include:

- A decrease of \$1,119,650 to relocate Essential Public Health Services funding to the Essential Public Health Services appropriation in Subsection 5 of this Bill.
- A decrease of \$48,069 to relocate Iowa Coalition Against Sexual Violence funding to the Public Protection appropriation in Subsection 7 of this Bill.
- An increase of \$124,414 to relocate Prescription Drug Corporation funding from the Chronic Conditions appropriation.
- An increase of \$25,000 for rural healthcare clinics.
- A decrease of \$2,000,000 to suspend the Medical Residency Program.
- A decrease of \$8,000 to eliminate the Cherokee Mental Health Institute Workforce Training Program.
- A decrease of \$90,395 to the Iowa Donor Registry.
- A decrease of \$87,169 to the Direct Care Worker Council.
- A decrease of \$16,831 to the Direct Care Worker Association.
- A decrease of \$72,104 to eliminate the Direct Care Worker Scholarship allocation.
- A decrease of \$35,000 to the Bureau of Oral and Health Delivery Systems.
- A decrease of \$96,140 to the DPH Workforce Initiative and Report.
- A decrease of \$17,000 to the Child Vision Screening Program that processes data related to vision screening as enacted in Iowa Code section [135.39D](#).
- A decrease of \$74,389 to eliminate the Office on Minority and

11 8 a. Of the funds appropriated in this subsection, \$95,575
 11 9 is allocated for continuation of the child vision screening
 11 10 program implemented through the university of Iowa hospitals
 11 11 and clinics in collaboration with early childhood Iowa areas.
 11 12 The program shall submit a report to the individuals identified
 11 13 in this Act for submission of reports regarding the use of
 11 14 funds allocated under this paragraph "a". The report shall
 11 15 include the objectives and results for the program year
 11 16 including the target population and how the funds allocated
 11 17 assisted the program in meeting the objectives; the number,
 11 18 age, and location within the state of individuals served;
 11 19 the type of services provided to the individuals served; the
 11 20 distribution of funds based on service provided; and the
 11 21 continuing needs of the program.

11 22 b. Of the funds appropriated in this subsection, \$105,656 is
 11 23 allocated for continuation of an initiative implemented at the
 11 24 university of Iowa to expand and improve the workforce engaged
 11 25 in mental health treatment and services. The initiative shall
 11 26 receive input from the university of Iowa, the department of
 11 27 human services, the department of public health, and the mental
 11 28 health and disability services commission to address the focus
 11 29 of the initiative.

11 30 c. Of the funds appropriated in this section, \$83,315 shall
 11 31 be deposited in the governmental public health system fund
 11 32 created in section 135A.8 to be used for the purposes of the
 11 33 fund.

11 34 d. Of the funds appropriated in this subsection,
 11 35 \$48,069 shall be used for a grant to a statewide association
 12 1 of psychologists that is affiliated with the American
 12 2 psychological association to be used for continuation of a
 12 3 program to rotate intern psychologists in placements in urban
 12 4 and rural mental health professional shortage areas, as defined
 12 5 in section 135.180.

Multicultural Health.

- A decrease of \$178,129 to eliminate funding for the Iowa Primary Care Association Collaborative Safety Net Provider Network administration.
- A decrease of \$105,493 to reduce funding for specialty healthcare clinics operated by the Polk County Medical Society.
- A decrease of \$78,309 to eliminate funding for the University of Iowa Primary Care Model for Mental Health Treatment Program.

Allocates \$95,575 for the Iowa KidSight Child Vision Screening Program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas. Requires the DPH to submit a report to the individuals referenced in the Bill regarding the use of funds allocated to the Iowa KidSight Child Vision Screening Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates \$105,656 for a UI initiative to expand and improve the mental health treatment and services workforce.

DETAIL: Eliminates the \$8,000 allocation that was included in estimated net FY 2017 for the initiative at the Mental Health Institute (MHI) at Cherokee. This is no change compared to the estimated net FY 2017 allocation for the remaining program.

Allocates \$83,315 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates \$48,069 for the Psychology Postdoctoral Internship Rotation Program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program is not a loan repayment program, but increases access through creating new opportunities for doctoral level psychologists to complete a required rotation in Iowa as opposed to

leaving the state. The Program targets health professional shortage areas and rural areas.

Allocates a total of \$981,733 to support the goals of the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section [135.153](#). Of that amount, \$521,863 is allocated for the Iowa Prescription Drug Corporation, \$334,870 for free clinic and Free Clinics of Iowa, \$25,000 for rural health clinics, and \$100,000 to the Polk County Medical Society for specialty health care clinics.

DETAIL: This is a decrease of \$258,622 compared to the estimated net FY 2017 allocation. Changes include:

- A decrease of \$178,129 to eliminate the Iowa Collaborative Safety Net Provider Network administration.
- A decrease of \$105,493 to eliminate the funding for Specialty Healthcare Clinics.
- An increase of \$25,000 to fund rural health clinics that received funding through the Iowa Collaborative Safety Net Provider Network administration allocation being eliminated.

Allocates \$76,231 for Direct Care Worker Initiative funding.

DETAIL: This is a decrease of \$87,169 compared to the estimated net FY 2017 allocation. The decrease is to eliminate the Direct Care Worker Advisory Council and retains the 0.50 FTE position that works on related issues within the DPH.

Allocates \$191,188 for the continuation of a contract previously awarded through a request for proposals (RFP) process for an independent direct care worker organization for promotion and education on direct care workforce issues.

12 6 e. Of the funds appropriated in this subsection, the
12 7 following amounts are allocated to be used as follows to
12 8 support the Iowa collaborative safety net provider network
12 9 goals of increased access, health system integration, and
12 10 engagement:

12 11 (1) Not less than \$521,863 is allocated to the Iowa
12 12 prescription drug corporation for continuation of the
12 13 pharmaceutical infrastructure for safety net providers as
12 14 described in 2007 Iowa Acts, chapter 218, section 108, and for
12 15 the prescription drug donation repository program created in
12 16 chapter 135M.

12 17 (2) Not less than \$334,870 is allocated to free clinics and
12 18 free clinics of Iowa for necessary infrastructure, statewide
12 19 coordination, provider recruitment, service delivery, and
12 20 provision of assistance to patients in securing a medical home
12 21 inclusive of oral health care.

12 22 (3) Not less than \$25,000 is allocated to the Iowa
12 23 association of rural health clinics for necessary
12 24 infrastructure and service delivery transformation.

12 25 (4) Not less than \$100,000 is allocated to the Polk county
12 26 medical society for continuation of the safety net provider
12 27 patient access to a specialty health care initiative as
12 28 described in 2007 Iowa Acts, chapter 218, section 109.

12 29 f. Of the funds appropriated in this subsection,
12 30 \$76,231 shall be used by the department in implementing
12 31 the recommendations in the final report submitted by the
12 32 direct care worker advisory council to the governor and the
12 33 general assembly in March 2012, including by continuing to
12 34 develop, promote, and make available on a statewide basis the
12 35 prepare-to-care core curriculum and its associated modules
13 1 and specialties through various formats including online
13 2 access, community colleges, and other venues; exploring new and
13 3 maintaining existing specialties including but not limited to
13 4 oral health and dementia care; supporting instructor training;
13 5 and assessing and making recommendations concerning the Iowa
13 6 care book and information technology systems and infrastructure
13 7 uses and needs.

13 8 g. Of the funds appropriated in this subsection, \$191,188
13 9 shall be allocated for continuation of the contract with
13 10 an independent statewide direct care worker organization
13 11 previously selected through a request for proposals process.
13 12 The contract shall continue to include performance and outcomes

13 13 measures, and shall continue to allow the contractor to use a
 13 14 portion of the funds received under the contract to collect
 13 15 data to determine results based on the performance and outcomes
 13 16 measures.

DETAIL: This is a decrease of \$16,831 compared to the estimated net FY 2017 allocation.

13 17 h. Of the funds appropriated in this subsection, the
 13 18 department may use up to \$58,175 for up to one full-time
 13 19 equivalent position to administer the volunteer health care
 13 20 provider program pursuant to section 135.24.

Permits the DPH to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program goal is to increase volunteerism by competent health care professionals by offering employer tort claim protection to eligible volunteer health care providers and eligible clinics providing free health care services in Iowa.

13 21 i. Of the funds appropriated in this subsection, \$96,138
 13 22 shall be used for a matching dental education loan repayment
 13 23 program to be allocated to a dental nonprofit health service
 13 24 corporation to continue to develop the criteria and implement
 13 25 the loan repayment program.

Allocates \$96,138 for the Fulfilling Iowa's Need for Dentists (FIND) Dental Education Loan Repayment Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The FIND Project award recipients agree to practice in a designated dentist shortage area and devote at least 35.0% of their practice to Medicaid-eligible, elderly, disabled, and other underserved patients over a three-year period.

13 26 j. Of the funds appropriated in this subsection, \$52,911 is
 13 27 transferred to the college student aid commission for deposit
 13 28 in the rural Iowa primary care trust fund created in section
 13 29 261.113 to be used for the purposes of the fund.

Allocates \$52,911 for transfer to the College Student Aid Commission for deposit in the [Primary Care Trust](#).

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

13 30 k. Of the funds appropriated in this subsection, \$150,000
 13 31 shall be used for the purposes of the Iowa donor registry as
 13 32 specified in section 142C.18.

Allocates \$150,000 to the Iowa Donor Registry.

DETAIL: This is a decrease of \$90,395 compared to the estimated net FY 2017 allocation.

13 33 l. Of the funds appropriated in this subsection, \$96,138
 13 34 shall be used for continuation of a grant to a nationally
 13 35 affiliated volunteer eye organization that has an established
 14 1 program for children and adults and that is solely dedicated to
 14 2 preserving sight and preventing blindness through education,
 14 3 nationally certified vision screening and training, and
 14 4 community and patient service programs. The organization
 14 5 shall submit a report to the individuals identified in this
 14 6 Act for submission of reports regarding the use of funds
 14 7 allocated under this paragraph "l". The report shall include
 14 8 the objectives and results for the program year including
 14 9 the target population and how the funds allocated assisted

Allocates \$96,138 to Prevent Blindness Iowa for a vision screening and training program. Requires a report regarding the objectives and results of the Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Program is required to submit a report outlining objectives, target population and locations, services provided, and other details. The Program seeks to increase statewide vision screening programs provided to children by volunteers and nurses, and it must be specifically targeted at children in child care centers and schools.

14 10 the program in meeting the objectives; the number, age, and
 14 11 location within the state of individuals served; the type of
 14 12 services provided to the individuals served; the distribution
 14 13 of funds based on services provided; and the continuing needs
 14 14 of the program.

14 15 5. ESSENTIAL PUBLIC HEALTH SERVICES

14 16 To provide public health services that reduce risks and
 14 17 invest in promoting and protecting good health over the
 14 18 course of a lifetime with a priority given to older Iowans and
 14 19 vulnerable populations:
 14 20 \$ 8,197,878

The General Fund appropriation to [Healthy Aging](#) programs, has been renamed to Essential Public Health Services, beginning in FY 2018.

DETAIL: This is an increase of \$1,119,650 compared to estimated net FY 2017. The increase is due to the transfer of local boards of health grant funding from Community Capacity so as to include funding for counties within one appropriation. This funding is part of the Local Public Health Services Program, with the purpose of implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan of Iowans, and enhancing health-promoting and disease-prevention services with a priority given to older Iowans and vulnerable populations. The grant is considered the funding provider of last resort and is utilized only when no other funding source exists. Funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

14 21 6. INFECTIOUS DISEASES

14 22 For reducing the incidence and prevalence of communicable
 14 23 diseases, and for not more than the following full-time
 14 24 equivalent positions:
 14 25 \$ 1,646,426
 14 26 FTEs 4.00

General Fund appropriation to [Infectious Diseases](#) programs for activities and programs to reduce the incidence and prevalence of communicable diseases.

DETAIL: This is a net increase of \$398,033 and no change in FTE positions compared to estimated net FY 2017. The changes include:

- An increase of \$512,062 to relocate the funding for the AIDS Drug Assistance Program from Chronic Conditions.
- A decrease of \$114,029 to eliminate the Viral Hepatitis Education, Treatment, and Prevention Program.

14 27 7. PUBLIC PROTECTION

14 28 For protecting the health and safety of the public through
 14 29 establishing standards and enforcing regulations, and for not
 14 30 more than the following full-time equivalent positions:
 14 31 \$ 4,195,139
 14 32 FTEs 138.00

General Fund appropriation to [Public Protection](#) programs.

DETAIL: This is a net decrease of \$51,931 and no change in FTE positions compared to estimated net FY 2017. The changes include:

- A decrease of \$100,000 to the Emergency Medical Services (EMS) Fund.
- An increase of \$48,069 to relocate the funding for the Iowa Coalition Against Sexual Assault from Community Capacity.

14 33 a. Of the funds appropriated in this subsection, not more
 14 34 than \$304,700 shall be credited to the emergency medical

Allocates up to \$304,700 for the EMS Fund.

14 35 services fund created in section 135.25. Moneys in the
 15 1 emergency medical services fund are appropriated to the
 15 2 department to be used for the purposes of the fund.

DETAIL: This is a decrease of \$100,000 compared to the estimated net FY 2017 allocation. The Fund provides a one-to-one match to counties for the acquisition of equipment and for education and training related to EMS.

15 3 b. Of the funds appropriated in this subsection, up
 15 4 to \$243,260 shall be used for sexual violence prevention
 15 5 programming through a statewide organization representing
 15 6 programs serving victims of sexual violence through the
 15 7 department's sexual violence prevention program, and for
 15 8 continuation of a training program for sexual assault
 15 9 response team (SART) members, including representatives of
 15 10 law enforcement, victim advocates, prosecutors, and certified
 15 11 medical personnel. The amount allocated in this paragraph "b"
 15 12 shall not be used to supplant funding administered for other
 15 13 sexual violence prevention or victims assistance programs.

Allocates \$243,260 to provide program funding for sexual violence prevention programs.

DETAIL: This is no change compared to the estimated net FY 2017 allocation for total funding. This provision consolidates \$48,069 in funding from the Community Capacity appropriation.

15 14 c. Of the funds appropriated in this subsection, up to
 15 15 \$575,627 shall be used for the state poison control center.
 15 16 Pursuant to the directive under 2014 Iowa Acts, chapter
 15 17 1140, section 102, the federal matching funds available to
 15 18 the state poison control center from the department of human
 15 19 services under the federal Children's Health Insurance Program
 15 20 Reauthorization Act allotment shall be subject to the federal
 15 21 administrative cap rule of 10 percent applicable to funding
 15 22 provided under Tit.XXI of the federal Social Security Act and
 15 23 included within the department's calculations of the cap.

Allocates up to \$575,627 for the State Poison Control Center.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

15 24 d. Of the funds appropriated in this subsection, up to
 15 25 \$516,982 shall be used for childhood lead poisoning provisions.

Allocates \$516,982 for childhood lead poisoning testing.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

15 26 8. RESOURCE MANAGEMENT

15 27 For establishing and sustaining the overall ability of the
 15 28 department to deliver services to the public, and for not more
 15 29 than the following full-time equivalent positions:

15 30	..... \$	971,215
15 31	..... FTEs	4.00

General Fund appropriation for [Resource Management](#) activities.

DETAIL: This is no change in funding or FTE positions compared to estimated net FY 2017.

15 32 9. MISCELLANEOUS PROVISIONS

15 33 The university of Iowa hospitals and clinics under the
 15 34 control of the state board of regents shall not receive
 15 35 indirect costs from the funds appropriated in this section.
 16 1 The university of Iowa hospitals and clinics billings to the
 16 2 department shall be on at least a quarterly basis.

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the DPH. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

16 3	10. GENERAL REDUCTION	General Fund reduction of \$1,281,367 applied to all appropriations under the DPH.
16 4	For the period beginning July 1, 2017, and ending June 30,	
16 5	2018, the department of public health, in consultation with	
16 6	the department of management, shall identify and implement a	DETAIL: These reductions will be implemented in consultation with the Department of Management (DOM). This represents a reduction of 2.43% of the General Fund appropriations made in this Section.
16 7	reduction in expenditures made from appropriations from the	
16 8	general fund to the department of public health in the amount	
16 9	of \$1,281,367.	
16 10	11. TRANSFERS	Allows the DPH to transfer funds within or between FY 2018 allocations or appropriations in this Division. Requires the DPH to report any transfers to the individuals specified in this Bill.
16 11	Notwithstanding section 8.39, for the fiscal year beginning	
16 12	July 1, 2017, the department may transfer funds within or	
16 13	between any of the allocations or appropriations made in this	
16 14	division of this Act for the same fiscal year, to be used in	
16 15	accordance with departmental priorities as specified in the	
16 16	department's report to the general assembly submitted pursuant	
16 17	to 2016 Iowa Acts, chapter 1139, section 3. The department	
16 18	shall report any such transfers to the individuals specified	
16 19	in this Act for submission of reports. This subsection shall	
16 20	not be construed to prohibit the use of existing state transfer	
16 21	authority for other purposes.	
16 22	DIVISION IV	
16 23	DEPARTMENT OF VETERANS AFFAIRS — FY 2017-2018	
16 24	Sec. 4. DEPARTMENT OF VETERANS AFFAIRS. There is	
16 25	appropriated from the general fund of the state to the	
16 26	department of veterans affairs for the fiscal year beginning	
16 27	July 1, 2017, and ending June 30, 2018, the following amounts,	
16 28	or so much thereof as is necessary, to be used for the purposes	
16 29	designated:	
16 30	1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION	General Fund appropriation to the Department of Veterans Affairs .
16 31	For salaries, support, maintenance, and miscellaneous	
16 32	purposes, and for not more than the following full-time	DETAIL: This is a decrease of \$7,946 and an increase of 0.75 FTE position compared to estimated net FY 2017. The decrease in funding is a general reduction, and the increase in FTE positions matches the FY 2017 authorized amount.
16 33	equivalent positions:	
16 34	..... \$ 1,142,557	
16 35	..... FTEs 15.00	
17 1	2. IOWA VETERANS HOME	General Fund appropriation to the Iowa Veterans Home (IVH).
17 2	For salaries, support, maintenance, and miscellaneous	
17 3	purposes:	DETAIL: This is a decrease of \$87,960, due to a general reduction, compared to estimated net FY 2017.
17 4	..... \$ 7,228,140	
17 5	a. The Iowa veterans home billings involving the department	Requires the IVH to submit monthly claims relating to Medicaid to the DHS.
17 6	of human services shall be submitted to the department on at	
17 7	least a monthly basis.	

17 8 b. Within available resources and in conformance with
 17 9 associated state and federal program eligibility requirements,
 17 10 the Iowa veterans home may implement measures to provide
 17 11 financial assistance to or on behalf of veterans or their
 17 12 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance within State and federal eligibility requirements to support participation in the Community Reentry Program.

17 13 c. The Iowa veterans home expenditure report shall be
 17 14 submitted monthly to the legislative services agency.

Requires the IVH to submit a monthly expenditure report to the Legislative Services Agency (LSA).

17 15 d. The Iowa veterans home shall continue to include in the
 17 16 annual discharge report applicant information to provide for
 17 17 the collection of demographic information including but not
 17 18 limited to the number of individuals applying for admission and
 17 19 admitted or denied admittance and the basis for the admission
 17 20 or denial; the age, gender, and race of such individuals;
 17 21 and the level of care for which such individuals applied for
 17 22 admission including residential or nursing level of care.

Requires the IVH to expand its annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.

17 23 3. HOME OWNERSHIP ASSISTANCE PROGRAM
 17 24 For transfer to the Iowa finance authority for the
 17 25 continuation of the home ownership assistance program for
 17 26 persons who are or were eligible members of the armed forces of
 17 27 the United States, pursuant to section 16.54:
 17 28 \$ 2,000,000

General Fund appropriation to the [Home Ownership Assistance Program](#) for military service members and veterans, to be transferred to the Iowa Finance Authority.

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2017. A \$5,000 grant is available to a service member for down payment and closing costs toward the purchase of a new home in the State of Iowa. The home must be a primary residence, and it is a once-in-a-lifetime grant.

17 29 Sec. 5. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS
 17 30 FUND STANDING APPROPRIATIONS. Notwithstanding the standing
 17 31 appropriation in section 35A.16 for the fiscal year beginning
 17 32 July 1, 2017, and ending June 30, 2018, the amount appropriated
 17 33 from the general fund of the state pursuant to that section
 17 34 for the following designated purposes shall not exceed the
 17 35 following amount:

Requires the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to be limited to \$947,925.

DETAIL: This is a decrease of \$52,075 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#), and is a decrease of \$42,075 compared to estimated net FY 2017. Funding is used for the administration and maintenance of County Commission of Veterans Affairs Offices. Staff must agree to maintain the current spending level compared to the previous fiscal year.

18 1 For the county commissions of veteran affairs fund under
 18 2 section 35A.16:
 18 3 \$ 947,925

18 4 DIVISION V
 18 5 DEPARTMENT OF HUMAN SERVICES — FY 2017-2018

18 6 Sec. 6. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
 18 7 GRANT. There is appropriated from the fund created in section
 18 8 8.41 to the department of human services for the fiscal year
 18 9 beginning July 1, 2017, and ending June 30, 2018, from moneys
 18 10 received under the federal temporary assistance for needy

Appropriates moneys from the Temporary Assistance for Needy Families (TANF) Federal Block Grant Fund appropriation for FY 2018.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for

18 11 families (TANF) block grant pursuant to the federal Personal
 18 12 Responsibility and Work Opportunity Reconciliation Act of 1996,
 18 13 Pub.L.No.104-193, and successor legislation, the following
 18 14 amounts, or so much thereof as is necessary, to be used for the
 18 15 purposes designated:

18 16 1. To be credited to the family investment program account
 18 17 and used for assistance under the family investment program
 18 18 under chapter 239B:
 18 19 \$ 5,112,462

18 20 2. To be credited to the family investment program account
 18 21 and used for the job opportunities and basic skills (JOBS)
 18 22 program and implementing family investment agreements in
 18 23 accordance with chapter 239B:
 18 24 \$ 5,575,693

18 25 3. To be used for the family development and
 18 26 self-sufficiency grant program in accordance with section
 18 27 216A.107:
 18 28 \$ 2,898,980

18 29 Notwithstanding section 8.33, moneys appropriated in this
 18 30 subsection that remain unencumbered or unobligated at the close
 18 31 of the fiscal year shall not revert but shall remain available
 18 32 for expenditure for the purposes designated until the close of
 18 33 the succeeding fiscal year. However, unless such moneys are
 18 34 encumbered or obligated on or before September 30, 2018, the
 18 35 moneys shall revert.

19 1 4. For field operations:
 19 2 \$ 31,296,232

the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,028,542 per year.

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the FIP Account.

DETAIL: This is a decrease of \$10,000,000 compared to estimated net FY 2017. This decrease is due to a one-time use of TANF funds during FY 2017. Iowa's FIP is a cash assistance program to support low-income families with children and to provide services to help them to become self-sufficient.

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the PROMISE JOBS Program.

DETAIL: This is no change compared to estimated net FY 2017. The PROMISE JOBS Program provides training, education, and employment services to FIP recipients. In addition, the Program pays allowances for specified costs, such as transportation, related to participating in Program activities.

Appropriates funds from the TANF FY 2018 Block Grant appropriation to the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. FaDSS is a home-based supportive service to assist families with significant or multiple barriers to reach self-sufficiency. The Program was created during the 1988 General Assembly to assist families participating in the FIP.

Allows any unexpended funds allocated for the FaDSS Grant Program for FY 2018 to remain available for expenditure in FY 2019.

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Field Operations.

DETAIL: This is a decrease of \$7,478,099 compared to estimated net FY 2017. This decrease is due to the use of one-time TANF funds in

FY 2017.

19 3 5. For general administration:
19 4 \$ 3,744,000

Appropriates funds from the TANF FY 2018 Block Grant appropriation to General Administration.

DETAIL: This is no change compared to estimated net FY 2017.

19 5 6. For state child care assistance:
19 6 \$ 47,866,826

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child Care Assistance.

DETAIL: This is a net decrease of \$2,000,000 compared to estimated net FY 2017 due to the following changes:

- A decrease of \$3,000,000 in one-time TANF funds used in FY 2017.
- An increase of \$1,000,000 to address Child Care Assistance Program needs and comply with federal regulations.

19 7 a. Of the funds appropriated in this subsection,
19 8 \$26,328,097 is transferred to the child care and development
19 9 block grant appropriation made by the Eighty-seventh General
19 10 Assembly, 2017 session, for the federal fiscal year beginning
19 11 October 1, 2017, and ending September 30, 2018. Of this
19 12 amount, \$200,000 shall be used for provision of educational
19 13 opportunities to registered child care home providers in order
19 14 to improve services and programs offered by this category
19 15 of providers and to increase the number of providers. The
19 16 department may contract with institutions of higher education
19 17 or child care resource and referral centers to provide
19 18 the educational opportunities. Allowable administrative
19 19 costs under the contracts shall not exceed 5 percent. The
19 20 application for a grant shall not exceed two pages in length.

Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant appropriation and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges and universities or child care resource and referral centers to provide training, and specifies requirements for grant funding and applications. Requires that contractor administrative costs do not exceed 5.00%.

19 21 b. Any funds appropriated in this subsection remaining
19 22 unallocated shall be used for state child care assistance
19 23 payments for families who are employed including but not
19 24 limited to individuals enrolled in the family investment
19 25 program.

Specifies that approximately \$21,538,729 will be used for Child Care Assistance for employed individuals enrolled in the FIP.

19 26 7. For child and family services:
19 27 \$ 32,380,654

Appropriates funds from the TANF FY 2018 Block Grant appropriation to Child and Family Services.

DETAIL: This is a decrease of \$4,875,926, due to the replacement of one-time TANF funds used in FY 2017 with General Fund dollars.

19 28 8. For child abuse prevention grants:

Appropriates funds from the TANF FY 2018 Block Grant appropriation

19 29 \$ 125,000

for child abuse prevention grants.

DETAIL: This is no change compared to estimated net FY 2017.

19 30 9. For pregnancy prevention grants on the condition that
19 31 family planning services are funded:
19 32 \$ 1,930,067

Appropriates funds from the TANF FY 2018 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated net FY 2017.

19 33 Pregnancy prevention grants shall be awarded to programs
19 34 in existence on or before July 1, 2017, if the programs have
19 35 demonstrated positive outcomes. Grants shall be awarded to
20 1 pregnancy prevention programs which are developed after July
20 2 1, 2017, if the programs are based on existing models that
20 3 have demonstrated positive outcomes. Grants shall comply with
20 4 the requirements provided in 1997 Iowa Acts, chapter 208,
20 5 section 14, subsections 1 and 2, including the requirement that
20 6 grant programs must emphasize sexual abstinence. Priority in
20 7 the awarding of grants shall be given to programs that serve
20 8 areas of the state which demonstrate the highest percentage of
20 9 unplanned pregnancies of females of childbearing age within the
20 10 geographic area to be served by the grant.

Requires the DHS to award pregnancy prevention grants only to programs that are based on existing models and have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

20 11 10. For technology needs and other resources necessary
20 12 to meet federal welfare reform reporting, tracking, and case
20 13 management requirements:
20 14 \$ 1,037,186

Appropriates funds from the TANF FY 2018 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated net FY 2017.

20 15 11. a. Notwithstanding any provision to the contrary,
20 16 including but not limited to requirements in section 8.41 or
20 17 provisions in 2016 or 2017 Iowa Acts regarding the receipt and
20 18 appropriation of federal block grants, federal funds from the
20 19 temporary assistance for needy families block grant received by
20 20 the state and not otherwise appropriated in this section and
20 21 remaining available for the fiscal year beginning July 1, 2017,
20 22 are appropriated to the department of human services to the
20 23 extent as may be necessary to be used in the following priority
20 24 order: the family investment program, for state child care
20 25 assistance program payments for families who are employed, and
20 26 for the family investment program share of costs to develop and
20 27 maintain a new, integrated eligibility determination system.
20 28 The federal funds appropriated in this paragraph "a" shall be
20 29 expended only after all other funds appropriated in subsection
20 30 1 for assistance under the family investment program, in

Permits the DHS to carry forward unused TANF funds.

DETAIL: Funds carried forward may be used for FIP, technology costs related to FIP, and Child Care Assistance.

20 31 subsection 6 for child care assistance, or in subsection 10
 20 32 for technology costs related to the family investment program,
 20 33 as applicable, have been expended. For the purposes of this
 20 34 subsection, the funds appropriated in subsection 6, paragraph
 20 35 "a", for transfer to the child care and development block grant
 21 1 appropriation are considered fully expended when the full
 21 2 amount has been transferred.

21 3 b. The department shall, on a quarterly basis, advise the
 21 4 legislative services agency and department of management of
 21 5 the amount of funds appropriated in this subsection that was
 21 6 expended in the prior quarter.

21 7 12. Of the amounts appropriated in this section,
 21 8 \$12,962,008 for the fiscal year beginning July 1, 2017, is
 21 9 transferred to the appropriation of the federal social services
 21 10 block grant made to the department of human services for that
 21 11 fiscal year.

21 12 13. For continuation of the program providing categorical
 21 13 eligibility for the food assistance program as specified
 21 14 for the program in the section of this division of this Act
 21 15 relating to the family investment program account:
 21 16 \$ 25,000

21 17 14. The department may transfer funds allocated in this
 21 18 section to the appropriations made in this division of this Act
 21 19 for the same fiscal year for general administration and field
 21 20 operations for resources necessary to implement and operate the
 21 21 services referred to in this section and those funded in the
 21 22 appropriation made in this division of this Act for the same
 21 23 fiscal year for the family investment program from the general
 21 24 fund of the state.

21 25 15. With the exception of moneys allocated under this
 21 26 section for the family development and self-sufficiency grant
 21 27 program, to the extent moneys allocated in this section are
 21 28 deemed by the department not to be necessary to support the
 21 29 purposes for which they are allocated, such moneys may be
 21 30 credited to the family investment program account as specified
 21 31 under subsection 1 of this section and used for the purposes of
 21 32 assistance under the family investment program in accordance
 21 33 with chapter 239B in the same fiscal year.

Requires the DHS to submit quarterly reports to the LSA and the DOM regarding expenditures in this section.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated net FY 2017.

Appropriates funds from the TANF FY 2017 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated net FY 2017. This language provides for consistent eligibility determination both for households that are categorically eligible for Food Assistance due to eligibility for the Promoting Awareness of the Benefits of a Healthy Marriage Program and for the few households that cannot meet categorical eligibility criteria.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

Permits the DHS to transfer excess funds from the TANF Block Grant appropriation to the FIP account to be used for assistance through the FIP within the same fiscal year.

21 34 Sec. 7. FAMILY INVESTMENT PROGRAM ACCOUNT.

21 35 1. Moneys credited to the family investment program (FIP)
 22 1 account for the fiscal year beginning July 1, 2017, and
 22 2 ending June 30, 2018, shall be used to provide assistance in
 22 3 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2018 to be used as specified in the Iowa Code.

22 4 2. The department may use a portion of the moneys credited
 22 5 to the FIP account under this section as necessary for
 22 6 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

22 7 3. The department may transfer funds allocated in
 22 8 subsection 4 to the appropriations made in this division of
 22 9 this Act for the same fiscal year for general administration
 22 10 and field operations for resources necessary to implement and
 22 11 operate the family investment program services referred to in
 22 12 this section and those funded in the appropriation made in this
 22 13 division of this Act for the same fiscal year for the family
 22 14 investment program from the general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this Section.

22 15 4. Moneys appropriated in this division of this Act and
 22 16 credited to the FIP account for the fiscal year beginning July
 22 17 1, 2017, and ending June 30, 2018, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

22 18 a. To be retained by the department of human services to
 22 19 be used for coordinating with the department of human rights
 22 20 to more effectively serve participants in FIP and other shared
 22 21 clients and to meet federal reporting requirements under the
 22 22 federal temporary assistance for needy families block grant:
 22 23 \$ 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

22 24 b. To the department of human rights for staffing,
 22 25 administration, and implementation of the family development
 22 26 and self-sufficiency grant program in accordance with section
 22 27 216A.107:
 22 28 \$ 6,192,834

Allocates \$6,192,834 of the FY 2018 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

22 29 (1) Of the funds allocated for the family development
 22 30 and self-sufficiency grant program in this paragraph "b",
 22 31 not more than 5 percent of the funds shall be used for the
 22 32 administration of the grant program.

Requires that a maximum of 5.00% of the allocation be spent on administration of the FaDSS Grant Program.

22 33 (2) The department of human rights may continue to implement
 22 34 the family development and self-sufficiency grant program
 22 35 statewide during fiscal year 2017-2018.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2018.

23 1 (3) The department of human rights may engage in activities

Permits the Department of Human Rights to collect data and measure

23 2 to strengthen and improve family outcomes measures and
 23 3 data collection systems under the family development and
 23 4 self-sufficiency grant program.

outcomes of the FaDSS Grant Program.

23 5 c. For the diversion subaccount of the FIP account:
 23 6 \$ 815,000
 23 7 A portion of the moneys allocated for the subaccount may
 23 8 be used for field operations, salaries, data management
 23 9 system development, and implementation costs and support
 23 10 deemed necessary by the director of human services in order to
 23 11 administer the FIP diversion program. To the extent moneys
 23 12 allocated in this paragraph "c" are deemed by the department
 23 13 not to be necessary to support diversion activities, such
 23 14 moneys may be used for other efforts intended to increase
 23 15 engagement by family investment program participants in work,
 23 16 education, or training activities, or for the purposes of
 23 17 assistance under the family investment program in accordance
 23 18 with chapter 239B.

Allocates \$815,000 of FY 2018 TANF funds for the FIP Diversion Subaccount. Permits a portion of the allocation to be used for field operations, salaries, data management system development, and implementation costs and support needed to administer the FIP Diversion Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

23 19 d. For the food assistance employment and training program:
 23 20 \$ 66,588

Allocates \$66,588 of FY 2018 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

23 21 (1) The department shall apply the federal supplemental
 23 22 nutrition assistance program (SNAP) employment and training
 23 23 state plan in order to maximize to the fullest extent permitted
 23 24 by federal law the use of the 50 percent federal reimbursement
 23 25 provisions for the claiming of allowable federal reimbursement
 23 26 funds from the United States department of agriculture
 23 27 pursuant to the federal SNAP employment and training program
 23 28 for providing education, employment, and training services
 23 29 for eligible food assistance program participants, including
 23 30 but not limited to related dependent care and transportation
 23 31 expenses.

Requires the DHS to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

23 32 (2) The department shall continue the categorical federal
 23 33 food assistance program eligibility at 160 percent of the
 23 34 federal poverty level and continue to eliminate the asset test
 23 35 from eligibility requirements, consistent with federal food
 24 1 assistance program requirements. The department shall include
 24 2 as many food assistance households as is allowed by federal
 24 3 law. The eligibility provisions shall conform to all federal
 24 4 requirements including requirements addressing individuals who
 24 5 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements, including requirements addressing individuals who are incarcerated.

24 6 e. For the JOBS program:

Permits the DHS to allocate \$13,523,290 of the FY 2018 General Fund

24 7 \$ 13,523,290

appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a reduction of \$2,605,811 compared to the estimated net FY 2017 allocation due to declining caseloads.

24 8 5. Of the child support collections assigned under FIP,
 24 9 an amount equal to the federal share of support collections
 24 10 shall be credited to the child support recovery appropriation
 24 11 made in this division of this Act. Of the remainder of the
 24 12 assigned child support collections received by the child
 24 13 support recovery unit, a portion shall be credited to the FIP
 24 14 account, a portion may be used to increase recoveries, and a
 24 15 portion may be used to sustain cash flow in the child support
 24 16 payments account. If as a consequence of the appropriations
 24 17 and allocations made in this section the resulting amounts
 24 18 are insufficient to sustain cash assistance payments and meet
 24 19 federal maintenance of effort requirements, the department
 24 20 shall seek supplemental funding. If child support collections
 24 21 assigned under FIP are greater than estimated or are otherwise
 24 22 determined not to be required for maintenance of effort, the
 24 23 state share of either amount may be transferred to or retained
 24 24 in the child support payments account.

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

24 25 6. The department may adopt emergency rules for the family
 24 26 investment, JOBS, food assistance, and medical assistance
 24 27 programs if necessary to comply with federal requirements.

Permits the DHS to adopt emergency administrative rules for the FIP, the Food Stamp Program, and the Medical Assistance (Medicaid) Program.

24 28 Sec. 8. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
 24 29 is appropriated from the general fund of the state to the
 24 30 department of human services for the fiscal year beginning July
 24 31 1, 2017, and ending June 30, 2018, the following amount, or
 24 32 so much thereof as is necessary, to be used for the purpose
 24 33 designated:
 24 34 To be credited to the family investment program (FIP)
 24 35 account and used for family investment program assistance under
 25 1 chapter 239B:
 25 2 \$ 43,004,480

General Fund appropriation to the DHS for the FIP to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

DETAIL: This is a net increase of \$6,804,284, due to the following changes:

- An increase of \$12,473,679 to backfill a one-time reduction in FY 2017.
- A decrease of \$5,669,395 due to declining caseloads in the PROMISE JOBS and FaDSS Programs.

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

25 3 1. Of the funds appropriated in this section, \$7,947,597 is
 25 4 allocated for the JOBS program.

General Fund allocation of \$7,947,597 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$2,605,811 compared to the estimated net FY 2017 allocation, due to declining caseloads and the cost per case.

General Fund allocation of \$3,313,854 for the FaDSS Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet federal maintenance-of-effort requirements.

25 5 2. Of the funds appropriated in this section, \$3,313,854 is
25 6 allocated for the family development and self-sufficiency grant
25 7 program.

25 8 3. Notwithstanding section 8.39, for the fiscal year
25 9 beginning July 1, 2017, if necessary to meet federal
25 10 maintenance of effort requirements or to transfer federal
25 11 temporary assistance for needy families block grant funding
25 12 to be used for purposes of the federal social services block
25 13 grant or to meet cash flow needs resulting from delays in
25 14 receiving federal funding or to implement, in accordance with
25 15 this division of this Act, activities currently funded with
25 16 juvenile court services, county, or community moneys and state
25 17 moneys used in combination with such moneys; to comply with
25 18 federal requirements; or to maximize the use of federal funds,
25 19 the department of human services may transfer funds within or
25 20 between any of the appropriations made in this division of this
25 21 Act and appropriations in law for the federal social services
25 22 block grant to the department for the following purposes,
25 23 provided that the combined amount of state and federal
25 24 temporary assistance for needy families block grant funding
25 25 for each appropriation remains the same before and after the
25 26 transfer:
25 27 a. For the family investment program.
25 28 b. For child care assistance.
25 29 c. For child and family services.
25 30 d. For field operations.
25 31 e. For general administration.

Requires the DHS to report any transfers to the LSA.

25 32 This subsection shall not be construed to prohibit the use
25 33 of existing state transfer authority for other purposes. The
25 34 department shall report any transfers made pursuant to this
25 35 subsection to the legislative services agency.

General Fund allocation of \$195,678 to provide tax preparation assistance to low-income lowans.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

26 1 4. Of the funds appropriated in this section, \$195,678 shall
26 2 be used for continuation of a grant to an Iowa-based nonprofit
26 3 organization with a history of providing tax preparation
26 4 assistance to low-income lowans in order to expand the usage of
26 5 the earned income tax credit. The purpose of the grant is to
26 6 supply this assistance to underserved areas of the state.

General Fund allocation of \$60,000 for the Fatherhood Initiative Pilot

26 7 5. Of the funds appropriated in this section, \$60,000 shall

26 8 be used for the continuation of an unfunded pilot project, as
 26 9 defined in 441 IAC 100.1, relating to parental obligations,
 26 10 in which the child support recovery unit participates, to
 26 11 support the efforts of a nonprofit organization committed
 26 12 to strengthening the community through youth development,
 26 13 healthy living, and social responsibility headquartered in
 26 14 a county with a population over 350,000 according to the
 26 15 latest certified federal census. The funds allocated in this
 26 16 subsection shall be used by the recipient organization to
 26 17 develop a larger community effort, through public and private
 26 18 partnerships, to support a broad-based multi-county fatherhood
 26 19 initiative that promotes payment of child support obligations,
 26 20 improved family relationships, and full-time employment.

Project.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Fatherhood Initiative at the John R. Grubb YMCA in Des Moines, Iowa, is a program designed to strengthen parental skills and involvement of men who are living apart from their children. The Initiative offers classes in health and nutrition, effective communication, co-parenting, financial education, and community resources.

26 21 6. The department may transfer funds appropriated in this
 26 22 section to the appropriations made in this division of this Act
 26 23 for general administration and field operations as necessary
 26 24 to administer this section and the overall family investment
 26 25 program.

Permits the DHS to transfer funds appropriated in this Section to General Administration and Field Operations when necessary to administer the FIP.

26 26 Sec. 9. CHILD SUPPORT RECOVERY. There is appropriated
 26 27 from the general fund of the state to the department of human
 26 28 services for the fiscal year beginning July 1, 2017, and ending
 26 29 June 30, 2018, the following amount, or so much thereof as is
 26 30 necessary, to be used for the purposes designated:

General Fund appropriation to the DHS for the [Child Support Recovery Unit](#).

DETAIL: This is a net decrease of \$2,076,738 and no change in FTE positions compared to estimated net FY 2017. The changes include:

26 31 For child support recovery, including salaries, support,
 26 32 maintenance, and miscellaneous purposes, and for not more than
 26 33 the following full-time equivalent positions:
 26 34 \$ 12,586,635
 26 35 FTEs 459.00

- An increase of \$1,585,050 to offset the depletion of federal incentive dollars.
- A decrease of \$1,661,788 due to a general Department reduction.
- A decrease of \$2,000,000 due to a replacement of General Fund dollars with funds from the Collection Services Refund Account.

27 1 1. The department shall expend up to \$24,329, including
 27 2 federal financial participation, for the fiscal year beginning
 27 3 July 1, 2017, for a child support public awareness campaign.
 27 4 The department and the office of the attorney general shall
 27 5 cooperate in continuation of the campaign. The public
 27 6 awareness campaign shall emphasize, through a variety of
 27 7 media activities, the importance of maximum involvement of
 27 8 both parents in the lives of their children as well as the
 27 9 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2018 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

27 10 2. Federal access and visitation grant moneys shall be
 27 11 issued directly to private not-for-profit agencies that provide
 27 12 services designed to increase compliance with the child access

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

27 13 provisions of court orders, including but not limited to
27 14 neutral visitation sites and mediation services.

27 15 3. The appropriation made to the department for child
27 16 support recovery may be used throughout the fiscal year in the
27 17 manner necessary for purposes of cash flow management, and for
27 18 cash flow management purposes the department may temporarily
27 19 draw more than the amount appropriated, provided the amount
27 20 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the current fiscal year.

27 21 4. With the exception of the funding amount specified, the
27 22 requirements established under 2001 Iowa Acts, chapter 191,
27 23 section 3, subsection 5, paragraph "c", subparagraph (3), shall
27 24 be applicable to parental obligation pilot projects for the
27 25 fiscal year beginning July 1, 2017, and ending June 30, 2018.
27 26 Notwithstanding 441 IAC 100.8, providing for termination of
27 27 rules relating to the pilot projects, the rules shall remain
27 28 in effect until June 30, 2018.

Specifies that the DHS is to continue to operate the Child Support Recovery Unit under the guidelines established in Iowa Code section [252B](#).

27 29 Sec. 10. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
27 30 FY 2017-2018. Any funds remaining in the health care trust
27 31 fund created in section 453A.35A for the fiscal year beginning
27 32 July 1, 2017, and ending June 30, 2018, are appropriated to
27 33 the department of human services to supplement the medical
27 34 assistance program appropriations made in this division of this
27 35 Act, for medical assistance reimbursement and associated costs,
28 1 including program administration and costs associated with
28 2 program implementation.

Appropriates the balance of the Health Care Trust Fund (HCTF) to the Medicaid Program for FY 2018.

DETAIL: It is estimated that there will be \$221,900,000 available. This is an increase of \$2,010,000 compared to estimated net FY 2017. The Fund consists of the revenues generated from the tax on cigarettes and tobacco products.

28 3 Sec. 11. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
28 4 2017-2018. Any funds remaining in the Medicaid fraud fund
28 5 created in section 249A.50 for the fiscal year beginning
28 6 July 1, 2017, and ending June 30, 2018, are appropriated to
28 7 the department of human services to supplement the medical
28 8 assistance appropriations made in this division of this Act,
28 9 for medical assistance reimbursement and associated costs,
28 10 including program administration and costs associated with
28 11 program implementation.

Appropriates the balance of the Medicaid Fraud Fund (MFF) to the Medicaid Program for FY 2017.

DETAIL: It is estimated that there will be \$500,000 available. This is no change compared to estimated net FY 2017. The Fund consists of the revenues generated from penalties received as a result of prosecutions involving the Department of Inspections and Appeals (DIA) and audits to ensure compliance with the Medicaid Program.

28 12 Sec. 12. MEDICAL ASSISTANCE. There is appropriated from the
28 13 general fund of the state to the department of human services
28 14 for the fiscal year beginning July 1, 2017, and ending June 30,
28 15 2018, the following amount, or so much thereof as is necessary,
28 16 to be used for the purpose designated:
28 17 For medical assistance program reimbursement and associated
28 18 costs as specifically provided in the reimbursement
28 19 methodologies in effect on June 30, 2017, except as otherwise
28 20 expressly authorized by law, consistent with options under

General Fund appropriation to the DHS for the [Medicaid Program](#).

DETAIL: This is a net decrease of \$18,784,997 compared to estimated net FY 2017. The changes include:

- A general increase of \$36,405,674 for Medicaid.
- An increase of \$2,500,000 to rebase nursing facilities.
- A decrease of \$500,000 to implement the cost containment strategy eliminating consultation codes.

28 21 federal law and regulations, and contingent upon receipt of
 28 22 approval from the office of the governor of reimbursement for
 28 23 each abortion performed under the program:
 28 24 \$1,284,405,740

- A decrease of \$1,200,000 due to greater than anticipated prescription drug rebates.
- A decrease of \$1,908,857 due to process improvement changes by the DHS.
- A decrease of \$2,000,000 to implement the site-of-service cost containment strategy.
- A decrease of \$3,100,000 due to the cost containment strategy aligning anesthesiologist payments with Medicare.
- A decrease of \$4,281,814 to implement the cost containment strategy eliminating three-month retroactive eligibility.
- A decrease of \$5,000,000 to eliminate enhanced payments for primary care physicians originally implemented under the federal Affordable Care Act (ACA).
- A decrease of \$7,700,000 to implement the cost containment strategy related to crossover claims.
- A decrease of \$9,500,000 due to the managed care organizations (MCOs) not earning the 2.00% incentive payment in FY 2017. These funds will be carried forward to fund Medicaid in FY 2018.
- A decrease of \$10,000,000 to implement the cost containment strategy related to the diagnostic-related group (DRG) cost threshold formula.
- A decrease of \$12,500,000 due to a reduction in the amount estimated the MCOs will earn from the 2.00% incentive payment in FY 2018.

28 25 1. Iowans support reducing the number of abortions
 28 26 performed in our state. Funds appropriated under this section
 28 27 shall not be used for abortions, unless otherwise authorized
 28 28 under this section.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

28 29 2. The provisions of this section relating to abortions
 28 30 shall also apply to the Iowa health and wellness plan created
 28 31 pursuant to chapter 249N.

Specifies that the policy on abortion also applies to the Iowa Health and Wellness Program.

28 32 3. The department shall utilize not more than \$60,000 of
 28 33 the funds appropriated in this section to continue the AIDS/HIV
 28 34 health insurance premium payment program as established in 1992
 28 35 Iowa Acts, Second Extraordinary Session, chapter 1001, section
 29 1 409, subsection 6. Of the funds allocated in this subsection,
 29 2 not more than \$5,000 may be expended for administrative
 29 3 purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment Program as established during the 1992 Second Extraordinary Session. Requires that administrative costs be limited to \$5,000.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

29 4 4. Of the funds appropriated in this Act to the department
 29 5 of public health for addictive disorders, \$950,000 for
 29 6 the fiscal year beginning July 1, 2017, is transferred

Requires that \$950,000 of the Addictive Disorders appropriation to the DPH for Substance Abuse Grants be transferred to the Medical Assistance Program in the DHS for continuation of the Managed

29 7 to the department of human services for an integrated
29 8 substance-related disorder managed care system. The
29 9 departments of human services and public health shall
29 10 work together to maintain the level of mental health and
29 11 substance-related disorder treatment services provided by the
29 12 managed care contractors. Each department shall take the steps
29 13 necessary to continue the federal waivers as necessary to
29 14 maintain the level of services.

Substance Abuse Treatment Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

29 15 5. a. The department shall aggressively pursue options for
29 16 providing medical assistance or other assistance to individuals
29 17 with special needs who become ineligible to continue receiving
29 18 services under the early and periodic screening, diagnostic,
29 19 and treatment program under the medical assistance program
29 20 due to becoming 21 years of age who have been approved for
29 21 additional assistance through the department's exception to
29 22 policy provisions, but who have health care needs in excess
29 23 of the funding available through the exception to policy
29 24 provisions.

Requires the DHS to aggressively pursue options for assisting special needs individuals who become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

29 25 b. Of the funds appropriated in this section, \$100,000
29 26 shall be used for participation in one or more pilot projects
29 27 operated by a private provider to allow the individual or
29 28 individuals to receive service in the community in accordance
29 29 with principles established in *Olmstead v.L.C.*, 527 U.S.581
29 30 (1999), for the purpose of providing medical assistance or
29 31 other assistance to individuals with special needs who become
29 32 ineligible to continue receiving services under the early and
29 33 periodic screening, diagnostic, and treatment program under
29 34 the medical assistance program due to becoming 21 years of
29 35 age who have been approved for additional assistance through
30 1 the department's exception to policy provisions, but who have
30 2 health care needs in excess of the funding available through
30 3 the exception to the policy provisions.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

30 4 6. Of the funds appropriated in this section, up to
30 5 \$3,050,082 may be transferred to the field operations or
30 6 general administration appropriations in this division of this
30 7 Act for operational costs associated with Part D of the federal
30 8 Medicare Prescription Drug Improvement and Modernization Act
30 9 of 2003, Pub.L.No.108-173.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

30 10 7. Of the funds appropriated in this section, up to \$442,100
30 11 may be transferred to the appropriation in this division
30 12 of this Act for medical contracts to be used for clinical
30 13 assessment services and prior authorization of services.

30 14 8. A portion of the funds appropriated in this section
30 15 may be transferred to the appropriations in this division of
30 16 this Act for general administration, medical contracts, the
30 17 children's health insurance program, or field operations to be
30 18 used for the state match cost to comply with the payment error
30 19 rate measurement (PERM) program for both the medical assistance
30 20 and children's health insurance programs as developed by the
30 21 centers for Medicare and Medicaid services of the United States
30 22 department of health and human services to comply with the
30 23 federal Improper Payments Information Act of 2002, Pub.L.No.
30 24 107-300.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues DHS compliance with the federal Improper Payments Information Act of 2002.

DETAIL: The PERM Program measures improper payments in Medicaid and Children's Health Insurance Program (CHIP), and produces error rates for each program. Error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

30 25 9. The department shall continue to implement the
30 26 recommendations of the assuring better child health and
30 27 development initiative II (ABCDII) clinical panel to the
30 28 Iowa early and periodic screening, diagnostic, and treatment
30 29 services healthy mental development collaborative board
30 30 regarding changes to billing procedures, codes, and eligible
30 31 service providers.

Requires the DHS to continue to implement the recommendations of the Assuring Better Child Health and Development Initiative II (ABCDII) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

30 32 10. Of the funds appropriated in this section, a sufficient
30 33 amount is allocated to supplement the incomes of residents of
30 34 nursing facilities, intermediate care facilities for persons
30 35 with mental illness, and intermediate care facilities for
31 1 persons with an intellectual disability, with incomes of less
31 2 than \$50 in the amount necessary for the residents to receive a
31 3 personal needs allowance of \$50 per month pursuant to section
31 4 249A.30A.

Requires the DHS to provide residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2017 allowance.

31 5 11. a. Hospitals that meet the conditions specified
31 6 in subparagraphs (1) and (2) shall either certify public
31 7 expenditures or transfer to the medical assistance program
31 8 an amount equal to provide the nonfederal share for a
31 9 disproportionate share hospital payment in an amount up to the
31 10 hospital-specific limit as approved in the Medicaid state plan.
31 11 The hospitals that meet the conditions specified shall receive
31 12 and retain 100 percent of the total disproportionate share
31 13 hospital payment in an amount up to the hospital-specific limit
31 14 as approved in the Medicaid state plan.

Specifies that the UIHC is to either use Certified Public Expenditures or transfer the amount necessary within the disproportionate share hospital (DSH) limit to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.

31 15 (1) The hospital qualifies for disproportionate share and
31 16 graduate medical education payments.

31 17 (2) The hospital is an Iowa state-owned hospital with more
31 18 than 500 beds and eight or more distinct residency specialty
31 19 or subspecialty programs recognized by the American college of
31 20 graduate medical education.

31 21 b. Distribution of the disproportionate share payments	Specifies that the DSH payments are to be distributed on a monthly
31 22 shall be made on a monthly basis. The total amount of	basis and that the total amount of DSH payments is not to exceed the
31 23 disproportionate share payments including graduate medical	federal limit.
31 24 education, enhanced disproportionate share, and Iowa	
31 25 state-owned teaching hospital payments shall not exceed the	
31 26 amount of the state's allotment under Pub.L.No.102-234.	
31 27 In addition, the total amount of all disproportionate	
31 28 share payments shall not exceed the hospital-specific	
31 29 disproportionate share limits under Pub.L.No.103-66.	
31 30 12. One hundred percent of the nonfederal share of payments	Allocates Medicaid funds to Area Education Agencies.
31 31 to area education agencies that are medical assistance	
31 32 providers for medical assistance-covered services provided to	
31 33 medical assistance-covered children, shall be made from the	
31 34 appropriation made in this section.	
31 35 13. A portion of the funds appropriated in this section	Specifies that a portion of the Medicaid funding may be transferred to
32 1 may be transferred to the appropriation in this division of	Medical Contracts for administrative activities related to the Money
32 2 this Act for medical contracts to be used for administrative	Follows the Person demonstration project.
32 3 activities associated with the money follows the person	
32 4 demonstration project.	
32 5 14. Of the funds appropriated in this section, \$349,011	Allocates \$349,011 to the Health Insurance Premium Payment
32 6 shall be used for the administration of the health insurance	Program.
32 7 premium payment program, including salaries, support,	
32 8 maintenance, and miscellaneous purposes.	DETAIL: This is no change compared to the estimated net FY 2017
	allocation.
32 9 15. a. The department shall implement all of the following	Requires the DHS to implement the following cost containment
32 10 cost containment strategies:	strategies for the Medicaid Program.
32 11 (1) An adjustment to the reimbursement policy in order	Reduces primary care physician rates to the levels provided before
32 12 to eliminate the primary care physician rate increase	they were increased by the ACA.
32 13 originally authorized by the federal Health Care and Education	
32 14 Reconciliation Act of 2010, section 1202, Pub.L. No.111-152,	FISCAL IMPACT: Implementing this cost containment measure is
32 15 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care	estimated to save the State \$5,000,000 in FY 2018 and FY 2019.
32 16 physicians to receive the greater of the Medicare rate or	
32 17 Medicaid rate for a specified set of codes.	
32 18 (2) A strategy to ensure that total reimbursement for	Requires the DHS to implement the cost containment strategy related
32 19 Medicare Part A and Medicare Part B crossover claims is limited	to crossover claims.
32 20 to the Medicaid reimbursement rate.	
	DETAIL: When Medicaid pays the Medicare coinsurance, copayment,
	and/or a deductible of a Medicare allowed claim, Iowa currently pays
	crossover claims at Medicare rates. The crossover claim is the amount
	which a Medicare member would be responsible for paying if the

member did not have Medicaid, or secondary coverage. Implementing the cost containment strategy will result in Medicaid only reimbursing providers up to the Medicaid rate instead of the Medicare rate for the crossover claim.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$7,700,000 in FY 2018 and FY 2019.

Requires the DHS to implement the cost containment strategy related to site of service.

DETAIL: This change adjusts Medicaid reimbursement to reflect the difference in cost of providing services in a hospital compared to providing services in an office.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$2,000,000 in FY 2018 and FY 2019.

Requires the DHS to implement the cost containment strategy related to the Diagnostic-Related Group (DRG) cost threshold formula.

DETAIL: This change adjusts the Medicaid DRG outlier formula to align with Medicare.

FISCAL IMPACT: Implementing this change is estimated to save the State \$10,000,000 in FY 2018 and FY 2019.

Adjusts the Medicaid reimbursement rate for anesthesia to Medicare rates.

FISCAL IMPACT: The rate adjustment is estimated to save the State \$3,100,000 in FY 2018 and FY 2019.

Aligns Medicaid reimbursement for consultation codes with Medicare.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$500,000 in FY 2018 and FY 2019.

Eliminates the three-month retroactive coverage benefit for Medicaid applicants.

FISCAL IMPACT: Implementing this cost containment measure is estimated to save the State \$4,821,814 in FY 2018 and FY 2019.

32 21 (3) An adjustment to Medicaid reimbursement rates for
32 22 physician services by applying a site of service differential
32 23 to reflect the difference between the cost of physician
32 24 services when provided in a health facility setting and the
32 25 cost of physician services when provided in a physician's
32 26 office.

32 27 (4) An adjustment to the inpatient diagnostic related group
32 28 (DRG) cost threshold formula to be the greater of two times the
32 29 statewide average DRG payment for that case or the hospital's
32 30 individual DRG payment for that case plus \$75,000.

32 31 (5) An adjustment to the Medicaid anesthesia conversion
32 32 factor to be equal to the calendar year 2017 Medicare
32 33 anesthesia conversion factor as adjusted for the state, and
32 34 converted to a per minute amount. Each January 1, thereafter,
32 35 the department shall apply the applicable Medicare anesthesia
33 1 conversion factor adjusted for the state, and converted to a
33 2 per minute amount.

33 3 (6) An alignment of billing and reimbursement for
33 4 consultation services rendered in an office, other outpatient,
33 5 or inpatient setting with Medicare billing and reimbursement.

33 6 (7) Elimination of the three-month retroactive Medicaid
33 7 coverage benefit for Medicaid applicants effective October 1,
33 8 2017. The department shall seek a waiver from the centers for
33 9 Medicare and Medicaid services of the United States department
33 10 of health and human services to implement the strategy.
33 11 If federal approval is received, an applicant's Medicaid

33 12 coverage shall be effective on the first day of the month of
33 13 application, as allowed under the Medicaid state plan.

Specifies that the DHS is to implement the cost containment strategies beginning July 1, 2017, or upon receipt of federal approval.

33 14 b. The department shall implement the cost containment
33 15 strategies specified in this subsection beginning July 1, 2017,
33 16 or as otherwise specified. If federal approval is required,
33 17 the strategy shall be implemented effective upon receipt of
33 18 federal approval.

Allows the DHS to adopt emergency rules to implement the cost containment strategies.

33 19 c. The department may adopt emergency rules to implement
33 20 this subsection.

Permits the DHS to increase funding allocated for staff salaries and support to implement the cost containment strategies in this Division.

33 21 16. a. The department may increase the amounts allocated
33 22 for salaries, support, maintenance, and miscellaneous purposes
33 23 associated with the medical assistance program, as necessary,
33 24 to implement cost containment strategies. The department shall
33 25 report any such increase to the legislative services agency and
33 26 the department of management.

DETAIL: The Department is required to report any increase to the LSA and the DOM.

33 27 b. If the savings to the medical assistance program from
33 28 cost containment efforts exceed the cost for the fiscal
33 29 year beginning July 1, 2017, the department may transfer any
33 30 savings generated for the fiscal year due to medical assistance
33 31 program cost containment efforts to the appropriation
33 32 made in this division of this Act for medical contracts or
33 33 general administration to defray the increased contract costs
33 34 associated with implementing such efforts.

Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2018.

33 35 17. For the fiscal year beginning July 1, 2017, and ending
34 1 June 30, 2018, the replacement generation tax revenues required
34 2 to be deposited in the property tax relief fund pursuant to
34 3 section 437A.8, subsection 4, paragraph "d", and section
34 4 437A.15, subsection 3, paragraph "f", shall instead be credited
34 5 to and supplement the appropriation made in this section and
34 6 used for the allocations made in this section.

Requires the replacement generation tax revenues to be allocated to the Medicaid appropriation instead of being deposited into the Property Tax Relief Fund.

DETAIL: It is estimated there will be approximately \$980,730 allocated to Medicaid. This is no change compared to the estimated net FY 2017 allocation. Under current law, a company that acquires a new electric power generating plant and has no operating property in Iowa is required to pay the replacement generation tax, which is credited to the Property Tax Relief Fund. The Dwayne Arnold Energy Center (near Cedar Rapids) was purchased by a Florida company with no other facilities in Iowa in 2006.

34 7 18. a. Of the funds appropriated in this section, up
34 8 to \$50,000 may be transferred by the department to the
34 9 appropriation made in this division of this Act to the
34 10 department for the same fiscal year for general administration
34 11 to be used for associated administrative expenses and for not
34 12 more than one full-time equivalent position, in addition to

Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of children's mental health homes.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

34 13 those authorized for the same fiscal year, to be assigned to
 34 14 implementing the children's mental health home project.

Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

34 15 b. Of the funds appropriated in this section, up to \$400,000
 34 16 may be transferred by the department to the appropriation made
 34 17 to the department in this division of this Act for the same
 34 18 fiscal year for Medicaid program-related general administration
 34 19 planning and implementation activities. The funds may be used
 34 20 for contracts or for personnel in addition to the amounts
 34 21 appropriated for and the positions authorized for general
 34 22 administration for the fiscal year.

Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, developmental disabilities, or brain injuries.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

34 23 c. Of the funds appropriated in this section, up to
 34 24 \$3,000,000 may be transferred by the department to the
 34 25 appropriations made in this division of this Act for the same
 34 26 fiscal year for general administration or medical contracts
 34 27 to be used to support the development and implementation of
 34 28 standardized assessment tools for persons with mental illness,
 34 29 an intellectual disability, a developmental disability, or a
 34 30 brain injury.

Allocates \$150,000 to the UIHC to be used for lodging for expenses for cancer patients with income below 200.00% of the federal poverty level who travel 30 miles or more to receive treatment.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

34 31 19. Of the funds appropriated in this section, \$150,000
 34 32 shall be used for lodging expenses associated with care
 34 33 provided at the university of Iowa hospitals and clinics for
 34 34 patients with cancer whose travel distance is 30 miles or more
 34 35 and whose income is at or below 200 percent of the federal
 35 1 poverty level as defined by the most recently revised poverty
 35 2 income guidelines published by the United States department of
 35 3 health and human services. The department of human services
 35 4 shall establish the maximum number of overnight stays and the
 35 5 maximum rate reimbursed for overnight lodging, which may be
 35 6 based on the state employee rate established by the department
 35 7 of administrative services. The funds allocated in this
 35 8 subsection shall not be used as nonfederal share matching
 35 9 funds.

Allocates \$3,383,880 to administer a State Family Planning Services Program.

DETAIL: This is a new Program for FY 2018. The language implementing the Program is in Division XIX.

35 10 20. Of the funds appropriated in this section, up to
 35 11 \$3,383,880 shall be used for administration of the state family
 35 12 planning services program as enacted in this 2017 Act, and
 35 13 of this amount, the department may use up to \$200,000 for
 35 14 administrative expenses.

Requires the DHS to report on any cost containment strategies implemented as specified in this Bill.

35 15 21. The department shall report the implementation of
 35 16 any cost containment strategies to the individuals specified
 35 17 in this division of this Act for submission of reports upon
 35 18 implementation.

Requires the DHS to report on any process improvement changes

35 19 22. The department shall report the implementation of any

35 20 process improvement changes and any related cost reductions
 35 21 to the individuals specified in this division of this Act for
 35 22 submission of reports upon implementation.

implemented as specified in this Bill.

35 23 23. The Medicaid managed care organizations shall explore
 35 24 options provided by national human services nonprofit
 35 25 organizations that provide innovative services for persons with
 35 26 behavioral health challenges to incorporate assertive community
 35 27 treatment teams into the services provided to individuals with
 35 28 severe and persistent mental illness in order to minimize or
 35 29 prevent recurrent acute episodes and to enhance quality of life
 35 30 and functioning.

Requires MCOs to explore options for innovative services for persons with behavioral health challenges to incorporate assertive community treatment (ACT) teams.

35 31 24. The department of human services shall include in the
 35 32 Medicaid managed care contracts beginning with the contract
 35 33 period effective July 1, 2017, per member per month capitation
 35 34 payments to managed care organizations that encourage the
 35 35 utilization of home and community-based services as an
 36 1 alternative to residential care for members.

Requires the DHS to include per member per month payments in the MCO's FY 2018 contracts to encourage the utilization of HCBS services and home health services rather than residential care for members.

Requires an MCO to accept any willing provider as long as the provider is willing to accept the MCO reimbursement rates.

36 2 25. The department of human services shall review the use
 36 3 of step therapy protocols and the application of step therapy
 36 4 override exceptions under the Medicaid program. In the review,
 36 5 the department may consider the use of step therapy protocols
 36 6 and the application of step therapy override exceptions as
 36 7 provided in chapter 514F.7, if enacted by 2017 Iowa Acts, House
 36 8 File 233, and the potential for improving the quality of life
 36 9 of Medicaid members and increasing efficiencies in the Medicaid
 36 10 program. The department shall report findings of the review
 36 11 and recommendations to the individuals designated in this Act
 36 12 for submission of reports by November 15, 2017.

Requires the DHS to review the use of step therapy protocols and the application of step therapy override exceptions under the Medicaid Program and report the findings of the review and recommendations by November 15, 2017.

DETAIL: Step therapy is the practice of providing medication for a medical condition with the most cost-effective drug therapy and progressing to other, more costly or risky therapies only if necessary.

NOTE: This provision is contingent on the enactment of [HF 233](#) (Step Therapy Protocol Bill).

36 13 Sec. 13. MEDICAL CONTRACTS. There is appropriated from the
 36 14 general fund of the state to the department of human services
 36 15 for the fiscal year beginning July 1, 2017, and ending June 30,
 36 16 2018, the following amount, or so much thereof as is necessary,
 36 17 to be used for the purpose designated:
 36 18 For medical contracts:
 36 19 \$ 17,626,464

General Fund appropriation to Medical Contracts.

DETAIL: This is a net increase of \$580,500 compared to estimated net FY 2017. The changes include:

- An increase of \$1,268,000 to replace a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts in FY 2017.
- An increase of \$800,000 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$437,500 due to a general reduction for Medical Contracts.
- A decrease of \$1,050,000 to reduce the \$2,000,000 allocation to the Autism Support Program.

36 20	1. The department of inspections and appeals shall	Requires the DIA to provide the State matching funds for survey and
36 21	provide all state matching funds for survey and certification	certification activities.
36 22	activities performed by the department of inspections	
36 23	and appeals. The department of human services is solely	
36 24	responsible for distributing the federal matching funds for	
36 25	such activities.	
36 26	2. Of the funds appropriated in this section, \$50,000 shall	Allocates \$50,000 for an HCBS Waiver Quality Assurance Program to
36 27	be used for continuation of home and community-based services	review and streamline processes and policies related to oversight.
36 28	waiver quality assurance programs, including the review and	
36 29	streamlining of processes and policies related to oversight and	DETAIL: This is no change compared to the estimated net FY 2017
36 30	quality management to meet state and federal requirements.	allocation. The Program reviews policies related to oversight and
		quality management to meet State and federal requirements.
36 31	3. Of the amount appropriated in this section, up to	Permits up to \$200,000 to be transferred to the DHS General
36 32	\$200,000 may be transferred to the appropriation for general	Administration appropriation to hire additional FTE positions to
36 33	administration in this division of this Act to be used for	implement cost containment and managed care oversight initiatives.
36 34	additional full-time equivalent positions in the development of	
36 35	key health initiatives such as cost containment, development	DETAIL: This is no change compared to the estimated net FY 2017
37 1	and oversight of managed care programs, and development of	allocation.
37 2	health strategies targeted toward improved quality and reduced	
37 3	costs in the Medicaid program.	
37 4	4. Of the funds appropriated in this section, \$1,000,000	Allocates \$1,000,000 to the I-Smile Program.
37 5	shall be used for planning and development, in cooperation with	
37 6	the department of public health, of a phased-in program to	DETAIL: This is no change compared to the estimated net FY 2017
37 7	provide a dental home for children.	allocation. The I-Smile Dental Home Initiative is a program that helps
		Iowa's children connect with dental services.
37 8	5. Of the funds appropriated in this section, \$950,000	Allocates \$950,000 to the Autism Support Program.
37 9	shall be credited to the autism support program fund created	
37 10	in section 225D.2 to be used for the autism support program	DETAIL: This is a decrease of \$1,050,000 compared to the estimated
37 11	created in chapter 225D, with the exception of the following	net FY 2017 allocation. This Program was created in FY 2014, and the
37 12	amounts of this allocation which shall be used as follows:	funds are to be used to provide applied behavioral analysis and other
		treatment for children who do not qualify for Medicaid or autism
		coverage under private insurance.
37 13	a. Of the amount appropriated in this section, \$202,000	Allocates \$202,000 from the \$950,000 Autism Support Program
37 14	shall be used for the public purpose of providing a one-year	allocation to Drake University to establish a Master's program in
37 15	grant to Drake university to establish a master's program in	applied behavioral analysis.
37 16	applied behavioral analysis, including the establishment of	
37 17	remote learning sites and a remote system to maximize outreach	DETAIL: This is a new one-time allocation for FY 2018.
37 18	and enrollment in the program.	
37 19	b. Of the funds allocated in this subsection, \$25,000	Allocates \$25,000 from the \$950,000 Autism Support Program
37 20	shall be used for the public purpose of continuation of a	allocation to Four Oaks for various autism spectrum disorder services.

37 21 grant to a child welfare services provider headquartered in a
 37 22 county with a population between 205,000 and 215,000 in the
 37 23 latest certified federal census that provides multiple services
 37 24 including but not limited to a psychiatric medical institution
 37 25 for children, shelter, residential treatment, after school
 37 26 programs, school-based programming, and an Asperger's syndrome
 37 27 program, to be used for support services for children with
 37 28 autism spectrum disorder and their families.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

37 29 c. Of the funds allocated in this subsection, \$25,000
 37 30 shall be used for the public purpose of continuing a grant to
 37 31 a hospital-based provider headquartered in a county with a
 37 32 population between 90,000 and 95,000 in the latest certified
 37 33 federal census that provides multiple services including
 37 34 but not limited to diagnostic, therapeutic, and behavioral
 37 35 services to individuals with autism spectrum disorder across
 38 1 one's lifespan. The grant recipient shall utilize the funds
 38 2 to continue the pilot project to determine the necessary
 38 3 support services for children with autism spectrum disorder and
 38 4 their families to be included in the children's disabilities
 38 5 services system. The grant recipient shall submit findings and
 38 6 recommendations based upon the results of the pilot project
 38 7 to the individuals specified in this division of this Act for
 38 8 submission of reports by December 31, 2017.

Allocates \$25,000 from the \$950,000 Autism Support Program allocation to continue a grant for a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. The grant recipient will submit findings and recommendations to individuals specified in this Division by December 31, 2017.

38 9 Sec. 14. STATE SUPPLEMENTARY ASSISTANCE.
 38 10 1. There is appropriated from the general fund of the
 38 11 state to the department of human services for the fiscal year
 38 12 beginning July 1, 2017, and ending June 30, 2018, the following
 38 13 amount, or so much thereof as is necessary, to be used for the
 38 14 purpose designated:
 38 15 For the state supplementary assistance program:
 38 16 \$ 10,372,658

General Fund appropriation to the DHS for [State Supplementary Assistance](#).

DETAIL: This is a decrease of \$349,477 compared to estimated net FY 2017 due to lower caseloads.

38 17 2. The department shall increase the personal needs
 38 18 allowance for residents of residential care facilities by the
 38 19 same percentage and at the same time as federal supplemental
 38 20 security income and federal social security benefits are
 38 21 increased due to a recognized increase in the cost of living.
 38 22 The department may adopt emergency rules to implement this
 38 23 subsection.

Requires the DHS to increase the personal needs allowance of residential care facility residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

38 24 3. If during the fiscal year beginning July 1, 2017,
 38 25 the department projects that state supplementary assistance
 38 26 expenditures for a calendar year will not meet the federal
 38 27 pass-through requirement specified in Tit.XVI of the federal
 38 28 Social Security Act, section 1618, as codified in 42 U.S.C.
 38 29 §1382g, the department may take actions including but not

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal maintenance-of-effort requirements. Permits the DHS to adopt emergency rules for implementation.

38 30 limited to increasing the personal needs allowance for
 38 31 residential care facility residents and making programmatic
 38 32 adjustments or upward adjustments of the residential care
 38 33 facility or in-home health-related care reimbursement rates
 38 34 prescribed in this division of this Act to ensure that federal
 38 35 requirements are met. In addition, the department may make
 39 1 other programmatic and rate adjustments necessary to remain
 39 2 within the amount appropriated in this section while ensuring
 39 3 compliance with federal requirements. The department may adopt
 39 4 emergency rules to implement the provisions of this subsection.

39 5 Sec. 15. CHILDREN'S HEALTH INSURANCE PROGRAM.

39 6 1. There is appropriated from the general fund of the
 39 7 state to the department of human services for the fiscal year
 39 8 beginning July 1, 2017, and ending June 30, 2018, the following
 39 9 amount, or so much thereof as is necessary, to be used for the
 39 10 purpose designated:

39 11 For maintenance of the healthy and well kids in Iowa (hawk-i)
 39 12 program pursuant to chapter 514I, including supplemental dental
 39 13 services, for receipt of federal financial participation under
 39 14 Tit.XXI of the federal Social Security Act, which creates the
 39 15 children's health insurance program:
 39 16 \$ 8,518,452

39 17 2. Of the funds appropriated in this section, \$42,800 is
 39 18 allocated for continuation of the contract for outreach with
 39 19 the department of public health.

General Fund appropriation to the DHS for the [Children's Health Insurance Program](#), also known as the hawk-i Program.

DETAIL: This is a net decrease of \$917,379 compared to estimated net FY 2017. The changes include:

- A general increase of \$737,324 to fund the Program.
- A decrease of \$1,654,703 due to an adjustment to the Federal Medical Assistance Percentage (FMAP) rate.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

39 20 Sec. 16. CHILD CARE ASSISTANCE. There is appropriated
 39 21 from the general fund of the state to the department of human
 39 22 services for the fiscal year beginning July 1, 2017, and ending
 39 23 June 30, 2018, the following amount, or so much thereof as is
 39 24 necessary, to be used for the purpose designated:

39 25 For child care programs:
 39 26 \$ 39,343,616

General Fund appropriation to the DHS for [Child Care Assistance \(CCA\)](#).

DETAIL: This is a net increase of \$7,621,166 compared to estimated net FY 2017. The changes include:

- An increase of \$3,520,688 to implement the annualized cost of federally mandated Child Care Development Block Grant changes related to the CCA Plus exit eligibility component.
- An increase of \$7,323,396 to cover caseload growth and costs per case.
- A decrease of \$1,500,000 to use the estimated surplus to cover the increased program costs.
- A decrease of \$500,000 for the Early Childhood Iowa grants.
- A decrease of \$1,000,000 to use more TANF funds to cover the increased program costs.
- A decrease of \$222,918 to use funding from the Child Care Facility Fund.

Total funding for FY 2018 is \$137,180,900 from all funding sources, including the Child Care Development Fund in [SF 498](#) (Federal Block Grant Bill), section 16. This is an increase of \$3,022,669 compared to estimated net FY 2017. This funds the CCA Program at \$4,265,002 below the estimated need from the March Forecasting Group when accounting for the estimated surplus in FY 2017.

Allocates \$33,493,616 to the State CCA Program.

DETAIL: This is an increase of \$3,454,055 compared to the estimated net FY 2017 allocation due to the implementation of the annualized cost of federally mandated Child Care Development Block Grant changes related to the CCA Plus exit eligibility component.

Specifies that assistance from the CCA Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

Requires a list of the registered and licensed child care facilities to be made available by the Child Care Resource and Referral Service for families receiving assistance under the CCA Program.

Allocates \$5,850,000 to be transferred to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is a decrease of \$500,000 compared to the estimated net FY 2017 allocation.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

39 27 1. Of the funds appropriated in this section, \$33,493,616
39 28 shall be used for state child care assistance in accordance
39 29 with section 237A.13.

39 30 2. Nothing in this section shall be construed or is
39 31 intended as or shall imply a grant of entitlement for services
39 32 to persons who are eligible for assistance due to an income
39 33 level consistent with the waiting list requirements of section
39 34 237A.13. Any state obligation to provide services pursuant to
39 35 this section is limited to the extent of the funds appropriated
40 1 in this section.

40 2 3. A list of the registered and licensed child care
40 3 facilities operating in the area served by a child care
40 4 resource and referral service shall be made available to the
40 5 families receiving state child care assistance in that area.

40 6 4. Of the funds appropriated in this section, \$5,850,000
40 7 shall be credited to the early childhood programs grants
40 8 account in the early childhood Iowa fund created in section
40 9 256I.11. The moneys shall be distributed for funding of
40 10 community-based early childhood programs targeted to children
40 11 from birth through five years of age developed by early
40 12 childhood Iowa areas in accordance with approved community
40 13 plans as provided in section 256I.8.

40 14 5. The department may use any of the funds appropriated
40 15 in this section as a match to obtain federal funds for use in
40 16 expanding child care assistance and related programs. For
40 17 the purpose of expenditures of state and federal child care
40 18 funding, funds shall be considered obligated at the time
40 19 expenditures are projected or are allocated to the department's
40 20 service areas. Projections shall be based on current and
40 21 projected caseload growth, current and projected provider
40 22 rates, staffing requirements for eligibility determination
40 23 and management of program requirements including data systems

40 24 management, staffing requirements for administration of the
 40 25 program, contractual and grant obligations and any transfers
 40 26 to other state agencies, and obligations for decategorization
 40 27 or innovation projects.

40 28 6. A portion of the state match for the federal child care
 40 29 and development block grant shall be provided as necessary to
 40 30 meet federal matching funds requirements through the state
 40 31 general fund appropriation made for child development grants
 40 32 and other programs for at-risk children in section 279.51.

40 33 7. If a uniform reduction ordered by the governor under
 40 34 section 8.31 or other operation of law, transfer, or federal
 40 35 funding reduction reduces the appropriation made in this
 41 1 section for the fiscal year, the percentage reduction in the
 41 2 amount paid out to or on behalf of the families participating
 41 3 in the state child care assistance program shall be equal to or
 41 4 less than the percentage reduction made for any other purpose
 41 5 payable from the appropriation made in this section and the
 41 6 federal funding relating to it. The percentage reduction to
 41 7 the other allocations made in this section shall be the same as
 41 8 the uniform reduction ordered by the governor or the percentage
 41 9 change of the federal funding reduction, as applicable.
 41 10 If there is an unanticipated increase in federal funding
 41 11 provided for state child care assistance, the entire amount
 41 12 of the increase shall be used for state child care assistance
 41 13 payments. If the appropriations made for purposes of the
 41 14 state child care assistance program for the fiscal year are
 41 15 determined to be insufficient, it is the intent of the general
 41 16 assembly to appropriate sufficient funding for the fiscal year
 41 17 in order to avoid establishment of waiting list requirements.

41 18 8. Notwithstanding section 8.33, moneys advanced for
 41 19 purposes of the programs developed by early childhood Iowa
 41 20 areas, advanced for purposes of wraparound child care, or
 41 21 received from the federal appropriations made for the purposes
 41 22 of this section that remain unencumbered or unobligated at the
 41 23 close of the fiscal year shall not revert to any fund but shall
 41 24 remain available for expenditure for the purposes designated
 41 25 until the close of the succeeding fiscal year.

41 26 Sec. 17. JUVENILE INSTITUTION. There is appropriated
 41 27 from the general fund of the state to the department of human
 41 28 services for the fiscal year beginning July 1, 2017, and ending
 41 29 June 30, 2018, the following amounts, or so much thereof as is
 41 30 necessary, to be used for the purposes designated:

41 31 1. For operation of the state training school at Eldora and
 41 32 for salaries, support, maintenance, and miscellaneous purposes,

Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

Requires the following, related to program operations:

- Any reductions to the child care assistance appropriation, either State or federal, must be applied in an equal percentage across all operating areas of the CCA Program before a reduction to service payments is made. The reduction for payable services must be equal to or less than the reduction for other items.
- Any unanticipated increase in federal funding must be used only for the CCA Program.
- It is the intent of the General Assembly to provide sufficient funding for the Program in FY 2018 to avoid the establishment of a waiting list.

Permits nonreversion of FY 2018 funds to carry forward for expenditure in FY 2019 for the programs developed by Early Childhood Iowa areas or for wraparound child care, or received from federal appropriations for child care assistance.

General Fund appropriation to the [State Training School at Eldora](#).

DETAIL: This is a general decrease of \$882,977 and an increase of 0.70 FTE positions compared to estimated net FY 2017.

41 33 and for not more than the following full-time equivalent
 41 34 positions:
 41 35 \$ 11,350,443
 42 1 FTEs 189.00

42 2 Of the funds appropriated in this subsection, \$91,150 shall
 42 3 be used for distribution to licensed classroom teachers at this
 42 4 and other institutions under the control of the department of
 42 5 human services based upon the average student yearly enrollment
 42 6 at each institution as determined by the department.

42 7 2. A portion of the moneys appropriated in this section
 42 8 shall be used by the state training school at Eldora for
 42 9 grants for adolescent pregnancy prevention activities at the
 42 10 institution in the fiscal year beginning July 1, 2017.

42 11 Sec. 18. CHILD AND FAMILY SERVICES.
 42 12 1. There is appropriated from the general fund of the
 42 13 state to the department of human services for the fiscal year
 42 14 beginning July 1, 2017, and ending June 30, 2018, the following
 42 15 amount, or so much thereof as is necessary, to be used for the
 42 16 purpose designated:
 42 17 For child and family services:
 42 18 \$ 87,279,375

42 19 2. The department may transfer funds appropriated in this
 42 20 section as necessary to pay the nonfederal costs of services
 42 21 reimbursed under the medical assistance program, state child
 42 22 care assistance program, or the family investment program which
 42 23 are provided to children who would otherwise receive services
 42 24 paid under the appropriation in this section. The department
 42 25 may transfer funds appropriated in this section to the
 42 26 appropriations made in this division of this Act for general
 42 27 administration and for field operations for resources necessary
 42 28 to implement and operate the services funded in this section.

42 29 3. a. Of the funds appropriated in this section, up to
 42 30 \$35,736,649 is allocated as the statewide expenditure target
 42 31 under section 232.143 for group foster care maintenance and
 42 32 services. If the department projects that such expenditures
 42 33 for the fiscal year will be less than the target amount
 42 34 allocated in this paragraph "a", the department may reallocate

General Fund allocation of \$91,150 for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Requires a portion of the funds appropriated for the Eldora State Training School to be used for pregnancy prevention activities in FY 2018.

General Fund appropriation for [Child and Family Services](#).

DETAIL: This is a net increase of \$3,428,098 compared to estimated net FY 2017. Changes include:

- An increase of \$5,478,098 to replace TANF funds from FY 2017.
- A decrease of \$287,436 due to the FMAP rate adjustment.
- An increase of \$482,035 due to a transfer from Medicaid.
- A decrease of \$2,000,000 due to reduced end-of-fiscal-year transfers earmarked for the Decategorization Program.
- A decrease of \$194,599 due to general Department reductions.
- A decrease of \$50,000 for the Community Circle of Care Grant in Northeast Iowa.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

42 35 the excess to provide additional funding for shelter care
 43 1 or the child welfare emergency services addressed with the
 43 2 allocation for shelter care.

43 3 b. If at any time after September 30, 2017, annualization
 43 4 of a service area's current expenditures indicates a service
 43 5 area is at risk of exceeding its group foster care expenditure
 43 6 target under section 232.143 by more than 5 percent, the
 43 7 department and juvenile court services shall examine all
 43 8 group foster care placements in that service area in order to
 43 9 identify those which might be appropriate for termination.
 43 10 In addition, any aftercare services believed to be needed
 43 11 for the children whose placements may be terminated shall be
 43 12 identified. The department and juvenile court services shall
 43 13 initiate action to set dispositional review hearings for the
 43 14 placements identified. In such a dispositional review hearing,
 43 15 the juvenile court shall determine whether needed aftercare
 43 16 services are available and whether termination of the placement
 43 17 is in the best interest of the child and the community.

Requires a service area's group foster care expenditure target to be reviewed if the service area is at risk of exceeding its group foster care spending target by more than 5.00%, and requires review hearings when appropriate.

43 18 4. In accordance with the provisions of section 232.188,
 43 19 the department shall continue the child welfare and juvenile
 43 20 justice funding initiative during fiscal year 2017-2018. Of
 43 21 the funds appropriated in this section, \$1,717,753 is allocated
 43 22 specifically for expenditure for fiscal year 2017-2018 through
 43 23 the decategorization services funding pools and governance
 43 24 boards established pursuant to section 232.188.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

43 25 5. A portion of the funds appropriated in this section
 43 26 may be used for emergency family assistance to provide other
 43 27 resources required for a family participating in a family
 43 28 preservation or reunification project or successor project to
 43 29 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

43 30 6. Notwithstanding section 234.35 or any other provision
 43 31 of law to the contrary, state funding for shelter care and
 43 32 the child welfare emergency services contracting implemented
 43 33 to provide for or prevent the need for shelter care shall be
 43 34 limited to \$8,096,158.

Limits State funding for shelter care to \$8,096,158.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

43 35 7. Federal funds received by the state during the fiscal
 44 1 year beginning July 1, 2017, as the result of the expenditure
 44 2 of state funds appropriated during a previous state fiscal
 44 3 year for a service or activity funded under this section are
 44 4 appropriated to the department to be used as additional funding
 44 5 for services and purposes provided for under this section.
 44 6 Notwithstanding section 8.33, moneys received in accordance
 44 7 with this subsection that remain unencumbered or unobligated at

Requires federal funds received in FY 2018 as a result of the expenditure of State funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2019.

44 8 the close of the fiscal year shall not revert to any fund but
 44 9 shall remain available for the purposes designated until the
 44 10 close of the succeeding fiscal year.

44 11 8. a. Of the funds appropriated in this section, up to
 44 12 \$3,290,000 is allocated for the payment of the expenses of
 44 13 court-ordered services provided to juveniles who are under the
 44 14 supervision of juvenile court services, which expenses are a
 44 15 charge upon the state pursuant to section 232.141, subsection
 44 16 4. Of the amount allocated in this paragraph "a", up to
 44 17 \$1,556,287 shall be made available to provide school-based
 44 18 supervision of children adjudicated under chapter 232, of which
 44 19 not more than \$15,000 may be used for the purpose of training.
 44 20 A portion of the cost of each school-based liaison officer
 44 21 shall be paid by the school district or other funding source as
 44 22 approved by the chief juvenile court officer.
 44 23 b. Of the funds appropriated in this section, up to \$748,985
 44 24 is allocated for the payment of the expenses of court-ordered
 44 25 services provided to children who are under the supervision
 44 26 of the department, which expenses are a charge upon the state
 44 27 pursuant to section 232.141, subsection 4.

44 28 c. Notwithstanding section 232.141 or any other provision
 44 29 of law to the contrary, the amounts allocated in this
 44 30 subsection shall be distributed to the judicial districts
 44 31 as determined by the state court administrator and to the
 44 32 department's service areas as determined by the administrator
 44 33 of the department of human services' division of child and
 44 34 family services. The state court administrator and the
 44 35 division administrator shall make the determination of the
 45 1 distribution amounts on or before June 15, 2017.

45 2 d. Notwithstanding chapter 232 or any other provision of
 45 3 law to the contrary, a district or juvenile court shall not
 45 4 order any service which is a charge upon the state pursuant
 45 5 to section 232.141 if there are insufficient court-ordered
 45 6 services funds available in the district court or departmental
 45 7 service area distribution amounts to pay for the service. The
 45 8 chief juvenile court officer and the departmental service area
 45 9 manager shall encourage use of the funds allocated in this
 45 10 subsection such that there are sufficient funds to pay for
 45 11 all court-related services during the entire year. The chief
 45 12 juvenile court officers and departmental service area managers
 45 13 shall attempt to anticipate potential surpluses and shortfalls
 45 14 in the distribution amounts and shall cooperatively request the
 45 15 state court administrator or division administrator to transfer
 45 16 funds between the judicial districts' or departmental service
 45 17 areas' distribution amounts as prudent.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children who are under the supervision of juvenile court services. Of this amount, \$1,556,287 is allocated to school-based supervision of delinquent children, and \$15,000 is limited to training funds. A portion of the cost for school-based liaisons is required to be paid by school districts.
- Allocates \$748,985 to court-ordered services provided to children who are under the supervision of the DHS.

DETAIL: This is no change compared to the estimated net FY 2017 allocations.

Requires allocations to be distributed among the judicial districts, as determined by the State Court Administrator, and among the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2017.

NOTE: This Section is effective on enactment.

Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year, and permits funds to be transferred between districts.

45 18 e. Notwithstanding any provision of law to the contrary,
45 19 a district or juvenile court shall not order a county to pay
45 20 for any service provided to a juvenile pursuant to an order
45 21 entered under chapter 232 which is a charge upon the state
45 22 under section 232.141, subsection 4.

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the State.

45 23 f. Of the funds allocated in this subsection, not more than
45 24 \$83,000 may be used by the judicial branch for administration
45 25 of the requirements under this subsection.

Prohibits expenditure of more than \$83,000 of the funds appropriated in this section by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

45 26 g. Of the funds allocated in this subsection, \$17,000
45 27 shall be used by the department of human services to support
45 28 the interstate commission for juveniles in accordance with
45 29 the interstate compact for juveniles as provided in section
45 30 232.173.

Requires that \$17,000 of the funds allocated to the DHS be used to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

45 31 9. Of the funds appropriated in this section, \$12,253,227 is
45 32 allocated for juvenile delinquent graduated sanctions services.
45 33 Any state funds saved as a result of efforts by juvenile court
45 34 services to earn a federal Tit.IV-E match for juvenile court
45 35 services administration may be used for the juvenile delinquent
46 1 graduated sanctions services.

Allocates \$12,253,227 to juvenile delinquent graduated sanctions services.

DETAIL: This is a decrease of \$1,000,000 compared to the estimated net FY 2017 allocation, due to a reduction in end-of-fiscal-year transfers from Decategorization. This decrease represents 50.00% of the total decrease to the Child and Family Services General Fund appropriation. Any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for juvenile delinquent graduated sanctions services.

46 2 10. Of the funds appropriated in this section, \$1,658,285 is
46 3 transferred to the department of public health to be used for
46 4 the child protection center grant program for child protection
46 5 centers located in Iowa in accordance with section 135.118.
46 6 The grant amounts under the program shall be equalized so that
46 7 each center receives a uniform base amount of \$245,000, so that
46 8 \$50,000 is awarded to establish a satellite child protection
46 9 center in a city in north central Iowa that is the county
46 10 seat of a county with a population between 44,000 and 45,000
46 11 according to the latest certified federal census, and so that
46 12 the remaining funds are awarded through a funding formula based
46 13 upon the volume of children served.

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 14 11. If the department receives federal approval to

Requires children who receive in-home or community-based services

46 15 implement a waiver under Tit.IV-E of the federal Social
 46 16 Security Act to enable providers to serve children who remain
 46 17 in the children's families and communities, for purposes of
 46 18 eligibility under the medical assistance program through 25
 46 19 years of age, children who participate in the waiver shall be
 46 20 considered to be placed in foster care.

under a federal Title IV-E waiver to be considered placed in foster care to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

46 21 12. Of the funds appropriated in this section, \$4,025,167 is
 46 22 allocated for the preparation for adult living program pursuant
 46 23 to section 234.46.

Allocates \$4,025,167 to the Preparation for Adult Living (PALs) Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 24 13. Of the funds appropriated in this section, \$227,337
 46 25 shall be used for the public purpose of continuing a grant to
 46 26 a nonprofit human services organization providing services to
 46 27 individuals and families in multiple locations in southwest
 46 28 Iowa and Nebraska for support of a project providing immediate,
 46 29 sensitive support and forensic interviews, medical exams, needs
 46 30 assessments, and referrals for victims of child abuse and their
 46 31 nonoffending family members.

Allocates \$227,337 to Project Harmony for support of victims of child abuse and their nonoffending family members.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 32 14. Of the funds appropriated in this section, \$300,620
 46 33 is allocated for the foster care youth council approach of
 46 34 providing a support network to children placed in foster care.

Allocates \$300,620 to provide support for foster care youth councils.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

46 35 15. Of the funds appropriated in this section, \$202,000 is
 47 1 allocated for use pursuant to section 235A.1 for continuation
 47 2 of the initiative to address child sexual abuse implemented
 47 3 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
 47 4 21.

Allocates \$202,000 to an initiative to address child sexual abuse.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

47 5 16. Of the funds appropriated in this section, \$630,240 is
 47 6 allocated for the community partnership for child protection
 47 7 sites.

Allocates \$630,240 to the Child Welfare Community Partnerships for Child Protection sites. Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection.

DETAIL: This is no change compared to the estimated net FY 2017 allocation. Partnerships work to prevent child abuse and neglect, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care.

47 8 17. Of the funds appropriated in this section, \$371,250
 47 9 is allocated for the department's minority youth and family
 47 10 projects under the redesign of the child welfare system.

Allocates \$371,250 to minority youth and family projects included in the child welfare redesign.

DETAIL: This is no change compared to the estimated net FY 2017

allocation.

Allocates \$1,136,595 to the Community Circle of Care Grant in northeast Iowa.

DETAIL: This is a decrease of \$50,000 compared to the estimated net FY 2017 allocation. The Community Circle of Care Program is a regional System of Care Program that coordinates community-based services and support to address the needs of children and youth with severe behavioral or mental health conditions.

Allocates \$147,158 to the Online Child Welfare Provider Training Academy.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates \$211,872 to the continuation of a System of Care program in Polk County.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates \$235,000 to the continuation and expansion of a System of Care program in Cerro Gordo and Linn counties at Four Oaks.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates at least \$25,000 to the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human services-related programs, to allow for Program expansion to additional counties.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

Allocates \$110,000 to Tanager Place Behavioral Health Clinic in Cedar Rapids.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

18. Of the funds appropriated in this section, \$1,136,595 is allocated for funding of the community circle of care collaboration for children and youth in northeast Iowa.

19. Of the funds appropriated in this section, at least \$147,158 shall be used for the continuation of the child welfare provider training academy, a collaboration between the coalition for family and children's services in Iowa and the department.

20. Of the funds appropriated in this section, \$211,872 shall be used for continuation of the central Iowa system of care program grant through June 30, 2018.

21. Of the funds appropriated in this section, \$235,000 shall be used for the public purpose of the continuation and expansion of a system of care program grant implemented in Cerro Gordo and Linn counties to utilize a comprehensive and long-term approach for helping children and families by addressing the key areas in a child's life of childhood basic needs, education and work, family, and community.

22. Of the funds appropriated in this section, at least \$25,000 shall be used to continue and to expand the foster care respite pilot program in which postsecondary students in social work and other human services-related programs receive experience by assisting family foster care providers with respite and other support.

23. Of the funds appropriated in this section, \$110,000 shall be used for the public purpose of funding community-based services and other supports with a system of care approach for children with a serious emotional disturbance and their families through a nonprofit provider of child welfare services that has been in existence for more than 115 years, is located

48 6 in a county with a population of more than 200,000 but less
 48 7 than 220,000 according to the latest certified federal census,
 48 8 is licensed as a psychiatric medical institution for children,
 48 9 and was a system of care grantee prior to July 1, 2017.

48 10 Sec. 19. ADOPTION SUBSIDY.

48 11 1. There is appropriated from the general fund of the
 48 12 state to the department of human services for the fiscal year
 48 13 beginning July 1, 2017, and ending June 30, 2018, the following
 48 14 amount, or so much thereof as is necessary, to be used for the
 48 15 purpose designated:

48 16 a. For adoption subsidy payments and services:

48 17 \$ 40,777,910

48 18 b. (1) The funds appropriated in this section shall be used
 48 19 as authorized or allowed by federal law or regulation for any
 48 20 of the following purposes:

48 21 (a) For adoption subsidy payments and related costs.

48 22 (b) For post-adoption services and for other purposes under
 48 23 Tit.IV-B or Tit.IV-E of the federal Social Security Act.

48 24 (2) The department of human services may transfer funds
 48 25 appropriated in this subsection to the appropriation for
 48 26 child and family services in this Act for the purposes of
 48 27 post-adoption services as specified in this paragraph "b".

48 28 c. Notwithstanding section 8.33, moneys corresponding to
 48 29 the state savings resulting from implementation of the federal
 48 30 Fostering Connections to Success and Increasing Adoptions Act
 48 31 of 2008, Pub.L. No.110-351, and successor legislation, as
 48 32 determined in accordance with 42 U.S.C. §673(a)(8), that remain
 48 33 unencumbered or unobligated at the close of the fiscal year,
 48 34 shall not revert to any fund but shall remain available for the
 48 35 purposes designated in this subsection until expended. The
 49 1 amount of such savings and any corresponding funds remaining
 49 2 at the close of the fiscal year shall be determined separately
 49 3 and any changes in either amount between fiscal years shall not
 49 4 result in an unfunded need.

49 5 2. The department may transfer funds appropriated in
 49 6 this section to the appropriation made in this division of
 49 7 this Act for general administration for costs paid from the
 49 8 appropriation relating to adoption subsidy.

49 9 3. Federal funds received by the state during the
 49 10 fiscal year beginning July 1, 2017, as the result of the
 49 11 expenditure of state funds during a previous state fiscal
 49 12 year for a service or activity funded under this section are

General Fund appropriation to the Adoption Subsidy Program.

DETAIL: This is a decrease of \$1,868,754 compared to estimated net
 FY 2017. The changes include the following:

- A decrease of \$1,063,483 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.
- A decrease of \$805,271 due to the Adoption Subsidy Work Group projected surplus for the Adoption Subsidy Program.

Directs the DHS to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act, due to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. The DHS may also transfer funds (specifically those funds from federal Title IV-E savings) to the Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be reinvested and used for child welfare services instead of reverting to the General Fund.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

Requires federal funds received in FY 2018 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2019.

49 13 appropriated to the department to be used as additional funding
 49 14 for the services and activities funded under this section.
 49 15 Notwithstanding section 8.33, moneys received in accordance
 49 16 with this subsection that remain unencumbered or unobligated
 49 17 at the close of the fiscal year shall not revert to any fund
 49 18 but shall remain available for expenditure for the purposes
 49 19 designated until the close of the succeeding fiscal year.

49 20 Sec. 20. JUVENILE DETENTION HOME FUND. Moneys deposited
 49 21 in the juvenile detention home fund created in section 232.142
 49 22 during the fiscal year beginning July 1, 2017, and ending June
 49 23 30, 2018, are appropriated to the department of human services
 49 24 for the fiscal year beginning July 1, 2017, and ending June 30,
 49 25 2018, for distribution of an amount equal to a percentage of
 49 26 the costs of the establishment, improvement, operation, and
 49 27 maintenance of county or multicounty juvenile detention homes
 49 28 in the fiscal year beginning July 1, 2016. Moneys appropriated
 49 29 for distribution in accordance with this section shall be
 49 30 allocated among eligible detention homes, prorated on the basis
 49 31 of an eligible detention home's proportion of the costs of all
 49 32 eligible detention homes in the fiscal year beginning July
 49 33 1, 2016. The percentage figure shall be determined by the
 49 34 department based on the amount available for distribution for
 49 35 the fund. Notwithstanding section 232.142, subsection 3, the
 50 1 financial aid payable by the state under that provision for the
 50 2 fiscal year beginning July 1, 2017, shall be limited to the
 50 3 amount appropriated for the purposes of this section.

Requires funds deposited in the Juvenile Detention Fund to be distributed to eligible juvenile detention centers for FY 2018. Funds are to be allocated to the 10 eligible county detention centers based on an amount equal to the FY 2017 juvenile detention home establishment, operation, maintenance, and improvement costs.

50 4 Sec. 21. FAMILY SUPPORT SUBSIDY PROGRAM.
 50 5 1. There is appropriated from the general fund of the
 50 6 state to the department of human services for the fiscal year
 50 7 beginning July 1, 2017, and ending June 30, 2018, the following
 50 8 amount, or so much thereof as is necessary, to be used for the
 50 9 purpose designated:
 50 10 For the family support subsidy program subject to the
 50 11 enrollment restrictions in section 225C.37, subsection 3:
 50 12 \$ 1,069,282

General Fund appropriation for the [Family Support Subsidy Program](#).

DETAIL: This is a net increase of \$297,180 compared to estimated net FY 2017. The changes include:

- An increase of \$297,180 to backfill a one-time reduction.
- A decrease of \$60,000 due to children phasing out of the Family Support Subsidy Program.
- An increase of \$60,000 for the Children at Home Program.

50 13 2. At least \$787,500 of the moneys appropriated in this
 50 14 section is transferred to the department of public health for
 50 15 the family support center component of the comprehensive family
 50 16 support program under chapter 225C, subchapter V.

Requires an allocation of \$787,500 from the Family Support Subsidy appropriation to the DPH to continue the Family Support Center component of the Children at Home Program in current counties. Permits the DHS to transfer the appropriated funds to make funding available statewide. The DPH has existing statewide coordinated intake for family support services through the Division of Health Promotion and Chronic Disease Prevention.

DETAIL: This allocation is an increase of \$60,000 compared to

estimated net FY 2017 due to the expansion of services across counties.

Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

General Fund appropriation to the DHS for [Conner Decree](#) training requirements.

DETAIL: This is no change compared to estimated net FY 2017. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

General Fund appropriation to the [MHI at Cherokee](#).

DETAIL: This is a decrease of \$788,340 and no change in FTE positions compared to estimated net FY 2017 due to a general reduction for the MHI.

General Fund appropriation to the [MHI at Independence](#).

DETAIL: This is a decrease of \$950,394 and no change in FTE positions compared to estimated net FY 2017 due to a general reduction for the MHI.

Allow the DHS to retain Medicaid revenues received by the MHI.

3. If at any time during the fiscal year, the amount of funding available for the family support subsidy program is reduced from the amount initially used to establish the figure for the number of family members for whom a subsidy is to be provided at any one time during the fiscal year, notwithstanding section 225C.38, subsection 2, the department shall revise the figure as necessary to conform to the amount of funding available.

Sec. 22. CONNER DECREE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2017, and ending June 30, 2018, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D. Iowa, July 14, 1994):

.....	\$	33,632
-------	----	--------

Sec. 23. MENTAL HEALTH INSTITUTES.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2017, and ending June 30, 2018, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

a. For operation of the state mental health institute at Cherokee as required by chapters 218 and 226 for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	13,870,254
.....	FTEs	162.00

b. For operation of the state mental health institute at Independence as required by chapters 218 and 226 for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	17,513,621
.....	FTEs	204.00

2. Notwithstanding sections 218.78 and 249A.11, any revenue received from the state mental health institute at Cherokee or the state mental health institute at Independence pursuant to

51 21 42 C.F.R §438.6(e) may be retained and expended by the mental
51 22 health institute.

51 23 3. Notwithstanding any provision of law to the contrary,
51 24 a Medicaid member residing at the state mental health
51 25 institute at Cherokee or the state mental health institute
51 26 at Independence shall retain Medicaid eligibility during
51 27 the period of the Medicaid member's stay for which federal
51 28 financial participation is available.

51 29 Sec. 24. STATE RESOURCE CENTERS.

51 30 1. There is appropriated from the general fund of the
51 31 state to the department of human services for the fiscal year
51 32 beginning July 1, 2017, and ending June 30, 2018, the following
51 33 amounts, or so much thereof as is necessary, to be used for the
51 34 purposes designated:

51 35 a. For the state resource center at Glenwood for salaries,
52 1 support, maintenance, and miscellaneous purposes:
52 2 \$ 17,887,781

52 3 b. For the state resource center at Woodward for salaries,
52 4 support, maintenance, and miscellaneous purposes:
52 5 \$ 12,077,034

52 6 2. The department may continue to bill for state resource
52 7 center services utilizing a scope of services approach used for
52 8 private providers of intermediate care facilities for persons
52 9 with an intellectual disability services, in a manner which
52 10 does not shift costs between the medical assistance program,
52 11 counties, or other sources of funding for the state resource
52 12 centers.

52 13 3. The state resource centers may expand the time-limited

Specifies that Medicaid members residing at one of the two MHIs are required to retain Medicaid eligibility for the first 14 days of their residence.

General Fund appropriation to the [State Resource Center at Glenwood](#).

DETAIL: This is a decrease of \$2,581,021 compared to estimated net FY 2017. The changes include:

- A decrease of \$1,378,539 due to a general reduction for the Resource Center.
- A decrease of \$1,202,482 due to an adjustment in the FMAP rate.

General Fund appropriation to the [State Resource Center at Woodward](#).

DETAIL: This is a decrease of \$1,918,318 compared to estimated net FY 2017. The changes include:

- A decrease of \$1,106,317 due to a general reduction for the Resource Center.
- A decrease of \$812,001 due to an adjustment in the FMAP rate.

Permits the DHS to continue billing practices that do not include cost shifting.

Permits the State Resource Centers to expand time-limited

52 14 assessment and respite services during the fiscal year.

assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with intellectual or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve of caretaking responsibilities.

52 15 4. If the department's administration and the department
52 16 of management concur with a finding by a state resource
52 17 center's superintendent that projected revenues can reasonably
52 18 be expected to pay the salary and support costs for a new
52 19 employee position, or that such costs for adding a particular
52 20 number of new positions for the fiscal year would be less
52 21 than the overtime costs if new positions would not be added,
52 22 the superintendent may add the new position or positions. If
52 23 the vacant positions available to a resource center do not
52 24 include the position classification desired to be filled, the
52 25 state resource center's superintendent may reclassify any
52 26 vacant position as necessary to fill the desired position. The
52 27 superintendents of the state resource centers may, by mutual
52 28 agreement, pool vacant positions and position classifications
52 29 during the course of the fiscal year in order to assist one
52 30 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional FTE positions and if approved by the DOM.

52 31 5. If existing capacity limitations are reached in
52 32 operating units, a waiting list is in effect for a service or
52 33 a special need for which a payment source or other funding
52 34 is available for the service or to address the special need,
52 35 and facilities for the service or to address the special need
53 1 can be provided within the available payment source or other
53 2 funding, the superintendent of a state resource center may
53 3 authorize opening not more than two units or other facilities
53 4 and begin implementing the service or addressing the special
53 5 need during fiscal year 2017-2018.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

53 6 Sec. 25. SEXUALLY VIOLENT PREDATORS.
53 7 1. There is appropriated from the general fund of the
53 8 state to the department of human services for the fiscal year
53 9 beginning July 1, 2017, and ending June 30, 2018, the following
53 10 amount, or so much thereof as is necessary, to be used for the
53 11 purpose designated:
53 12 For costs associated with the commitment and treatment of
53 13 sexually violent predators in the unit located at the state
53 14 mental health institute at Cherokee, including costs of legal
53 15 services and other associated costs, including salaries,

General Fund appropriation to the DHS for the [Civil Commitment Unit for Sexual Offenders](#).

DETAIL: This is an decrease of \$1,207,210 and no change in FTE positions compared to estimated net FY 2017 due to general reduction for the facility.

53 16 support, maintenance, and miscellaneous purposes, and for not
 53 17 more than the following full-time equivalent positions:
 53 18 \$ 9,464,747
 53 19 FTEs 112.00

53 20 2. Unless specifically prohibited by law, if the amount
 53 21 charged provides for recoupment of at least the entire amount
 53 22 of direct and indirect costs, the department of human services
 53 23 may contract with other states to provide care and treatment
 53 24 of persons placed by the other states at the unit for sexually
 53 25 violent predators at Cherokee. The moneys received under
 53 26 such a contract shall be considered to be repayment receipts
 53 27 and used for the purposes of the appropriation made in this
 53 28 section.

53 29 Sec. 26. FIELD OPERATIONS. There is appropriated from the
 53 30 general fund of the state to the department of human services
 53 31 for the fiscal year beginning July 1, 2017, and ending June 30,
 53 32 2018, the following amount, or so much thereof as is necessary,
 53 33 to be used for the purposes designated:
 53 34 For field operations, including salaries, support,
 53 35 maintenance, and miscellaneous purposes, and for not more than
 54 1 the following full-time equivalent positions:
 54 2 \$ 48,484,435
 54 3 FTEs 1,583.00

54 4 Priority in filling full-time equivalent positions shall be
 54 5 given to those positions related to child protection services
 54 6 and eligibility determination for low-income families.

54 7 Sec. 27. GENERAL ADMINISTRATION. There is appropriated
 54 8 from the general fund of the state to the department of human
 54 9 services for the fiscal year beginning July 1, 2017, and ending
 54 10 June 30, 2018, the following amount, or so much thereof as is
 54 11 necessary, to be used for the purpose designated:
 54 12 For general administration, including salaries, support,
 54 13 maintenance, and miscellaneous purposes, and for not more than
 54 14 the following full-time equivalent positions:
 54 15 \$ 14,033,040
 54 16 FTEs 294.00

54 17 1. The department shall report at least monthly to the
 54 18 legislative services agency concerning the department's
 54 19 operational and program expenditures.

Allows the DHS to contract with other states to provide treatment services at the Civil Commitment Unit for Sexual Offenders (CCUSO) unit.

General Fund appropriation to the DHS for [Field Operations](#) staff and support.

DETAIL: This is a net decrease of \$885,682 and 1.00 FTE position compared to estimated net FY 2017. The changes include:

- An increase of \$4,478,099 to replace one-time TANF funds.
- A decrease of \$590,082 to be replaced with Child Care Facility Fund dollars.
- A decrease of \$4,773,699 due to a general reduction.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

General Fund appropriation for [General Administration](#).

DETAIL: This is a decrease of \$1,415,158 and an increase of 0.07 FTE position compared to estimated net FY 2017. The changes include:

- A decrease of \$1,265,158 due to a general reduction.
- A decrease of \$50,000 for the Achieving Better Life Experience (ABLE) Trust Act.
- A decrease of \$100,000 for the RefugeeRISE AmeriCorps Program.
- An increase of 0.07 FTE position for a general increase.

Requires the DHS to provide an expenditures report for operations and programs to the LSA.

54 20 2. Of the funds appropriated in this section, \$150,000 shall
 54 21 be used to continue the contract for the provision of a program
 54 22 to provide technical assistance, support, and consultation to
 54 23 providers of habilitation services and home and community-based
 54 24 services waiver services for adults with disabilities under the
 54 25 medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

54 26 3. Of the funds appropriated in this section, \$50,000
 54 27 is transferred to the Iowa finance authority to be used
 54 28 for administrative support of the council on homelessness
 54 29 established in section 16.2D and for the council to fulfill its
 54 30 duties in addressing and reducing homelessness in the state.

Transfers \$50,000 to the Iowa Finance Authority to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

54 31 4. Of the funds appropriated in this section, \$200,000 shall
 54 32 be transferred to and deposited in the administrative fund of
 54 33 the Iowa ABLE savings plan trust created in section 12I.4, to
 54 34 be used for implementation and administration activities of the
 54 35 Iowa ABLE savings plan trust.

Transfers \$200,000 to the Treasurer of State to implement the ABLE Trust Act.

DETAIL: This is a decrease of \$50,000 compared to the estimated net FY 2017 allocation. The ABLE Trust makes tax-free savings accounts available to individuals with disabilities to cover qualified expenses such as education, housing, and transportation.

55 1 5. Of the funds appropriated in this section, \$200,000 is
 55 2 transferred to the economic development authority for the Iowa
 55 3 commission on volunteer services to continue to be used for
 55 4 RefugeeRISE AmeriCorps program established under section 15H.8
 55 5 for member recruitment and training to improve the economic
 55 6 well-being and health of economically disadvantaged refugees in
 55 7 local communities across Iowa. Funds transferred may be used
 55 8 to supplement federal funds under federal regulations.

Transfers \$200,000 to the Economic Development Authority through the DHS for the RefugeeRISE AmeriCorps Program, to be used for member recruitment and training.

DETAIL: This is a decrease of \$100,000 compared to the estimated net FY 2017 allocation. This transfer was authorized for the first time in FY 2017. Requires funds to be used to supplement federal funds.

55 9 6. Of the funds appropriated in this section, \$300,000 shall
 55 10 be used to contract for children's well-being collaboratives
 55 11 grants for the development and implementation of children's
 55 12 well-being collaboratives to establish and coordinate
 55 13 prevention and early intervention services to promote improved
 55 14 mental health and well-being for children and families, as
 55 15 enacted in this 2017 Act.

Transfers \$300,000 to the DHS for the purpose of continuing the development and implementation of children's mental health crisis services.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

55 16 7. Of the funds appropriated in this section, \$200,000
 55 17 shall be used to continue to expand the provision of nationally
 55 18 accredited and recognized internet-based training to include
 55 19 mental health and disability services providers.

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is no change compared to the estimated net FY 2017 allocation.

55 20 Sec. 28. DEPARTMENT-WIDE DUTIES. There is appropriated

General Fund appropriation to the DHS facilities.

55 21 from the general fund of the state to the department of human
 55 22 services for the fiscal year beginning July 1, 2017, and ending
 55 23 June 30, 2018, the following amount, or so much thereof as is
 55 24 necessary, to be used for the purposes designated:
 55 25 For salaries, support, maintenance, and miscellaneous
 55 26 purposes at facilities under the purview of the department of
 55 27 human services:
 55 28 \$ 2,879,274

DETAIL: This is no change compared to estimated net FY 2017. This appropriation is to ensure adequate staffing among the DHS facilities and to transfer staff as needed, while remaining within the set number of authorized positions.

55 29 Sec. 29. VOLUNTEERS. There is appropriated from the general
 55 30 fund of the state to the department of human services for the
 55 31 fiscal year beginning July 1, 2017, and ending June 30, 2018,
 55 32 the following amount, or so much thereof as is necessary, to be
 55 33 used for the purpose designated:
 55 34 For development and coordination of volunteer services:
 55 35 \$ 84,686

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

DETAIL: This is no change compared to estimated net FY 2017.

56 1 Sec. 30. GENERAL REDUCTION. For the period beginning July
 56 2 1, 2017, and ending June 30, 2018, the department of human
 56 3 services, in consultation with the department of management,
 56 4 shall identify and implement a reduction in expenditures made
 56 5 from appropriations from the general fund to the department of
 56 6 human services in the amount of \$1,467,303.

General Fund reduction of \$1,467,303 to all appropriations under the DHS.

DETAIL: These reductions will be implemented in consultation with the DOM.

56 7 Sec. 31. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
 56 8 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
 56 9 DEPARTMENT OF HUMAN SERVICES.

Requires the DHS to rebase case-mix nursing facility rates effective July 1, 2017. Non-case-mix and special population nursing facilities reimbursement methodology is to remain the same as the methodology in effect on June 30, 2017.

56 10 1. a. (1) (a) For the fiscal year beginning July 1,
 56 11 2017, the department shall rebase case-mix nursing facility
 56 12 rates effective July 1, 2017, to the extent possible within the
 56 13 state funding, including the \$2,500,000, appropriated for this
 56 14 purpose.

FISCAL IMPACT: The General Assembly increased the Medicaid Program appropriation by \$2,500,000 to be included in the case-mix nursing facility rebase.

56 15 (b) For the fiscal year beginning July 1, 2017, non-case-mix
 56 16 and special population nursing facilities shall be reimbursed
 56 17 in accordance with the methodology in effect on June 30 of the
 56 18 prior fiscal year.

56 19 (c) For managed care claims, the department of human
 56 20 services shall adjust the payment rate floor for nursing
 56 21 facilities, annually, to maintain a rate floor that is no
 56 22 lower than the Medicaid fee-for-service case-mix adjusted
 56 23 rate calculated in accordance with subparagraph division
 56 24 (a) and 441 IAC 81.6. The department shall then calculate
 56 25 adjusted reimbursement rates, including but not limited to
 56 26 add-on-payments, annually, and shall notify Medicaid managed
 56 27 care organizations of the adjusted reimbursement rates within
 56 28 30 days of determining the adjusted reimbursement rates. Any
 56 29 adjustment of reimbursement rates under this subparagraph
 56 30 division shall be budget neutral to the state budget.

56 31 (d) For the fiscal year beginning July 1, 2017, Medicaid
56 32 managed care long-term services and supports capitation
56 33 rates shall be adjusted to reflect the rebasing pursuant to
56 34 subparagraph division (a) for the patient populations residing
56 35 in Medicaid-certified nursing facilities.

57 1 (2) For any open or unsettled nursing facility cost report
57 2 for a fiscal year prior to and including the fiscal year
57 3 beginning July 1, 2016, including any cost report remanded on
57 4 judicial review for inclusion of prescription drug, laboratory,
57 5 or x-ray costs, the department shall offset all reported
57 6 prescription drug, laboratory, and x-ray costs with any revenue
57 7 received from Medicare or other revenue source for any purpose.
57 8 For purposes of this subparagraph, a nursing facility cost
57 9 report is not considered open or unsettled if the facility did
57 10 not initiate an administrative appeal under chapter 17A or if
57 11 any appeal rights initiated have been exhausted.

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any appeal rights initiated have been exhausted.

57 12 (3) Medicaid managed care organizations shall adjust
57 13 facility-specific rates based upon payment rate listings issued
57 14 by the department. The rate adjustments shall be applied
57 15 retroactively based upon the effective date of the rate letter
57 16 issued by the department. A Medicaid managed care organization
57 17 shall honor all retroactive rate adjustments including when
57 18 specific provider rates are delayed or amended.

Requires MCOs to adjust facility-specific rates based upon payment rate listings issued by the DHS. The rate adjustments are to be applied retroactively.

57 19 b. (1) For the fiscal year beginning July 1, 2017,
57 20 the department shall establish the pharmacy dispensing fee
57 21 reimbursement at \$10.02 per prescription, until a cost of
57 22 dispensing survey is completed. The actual dispensing fee
57 23 shall be determined by a cost of dispensing survey performed
57 24 by the department and required to be completed by all medical
57 25 assistance program participating pharmacies every two years,
57 26 adjusted as necessary to maintain expenditures within the
57 27 amount appropriated to the department for this purpose for the
57 28 fiscal year.

Requires a pharmacy dispensing fee reimbursement rate of \$10.02 per prescription.

DETAIL: This is a decrease of \$1.70 compared to the FY 2017 fee.

57 29 (2) The department shall utilize an average acquisition
57 30 cost reimbursement methodology for all drugs covered under the
57 31 medical assistance program in accordance with 2012 Iowa Acts,
57 32 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address AAC prices that are not reflective of the actual drug cost.

57 33 c. (1) For the fiscal year beginning July 1, 2017,
57 34 reimbursement rates for outpatient hospital services shall
57 35 be rebased effective January 1, 2018, subject to Medicaid
58 1 program upper payment limit rules, and adjusted as necessary

Requires the rate of reimbursement for outpatient hospital services to be rebased effective January 1, 2018, subject to the Medicaid upper payment limit (UPL) rules.

58 2 to maintain expenditures within the amount appropriated to the
58 3 department for this purpose for the fiscal year.

DETAIL: The General Assembly did not provide any funding for the rebase, and therefore the rebase will be budget neutral.

58 4 (2) For the fiscal year beginning July 1, 2017,
58 5 reimbursement rates for inpatient hospital services shall
58 6 remain at the rates in effect on June 30, 2017, subject to
58 7 Medicaid program upper payment limit rules, and adjusted
58 8 as necessary to maintain expenditures within the amount
58 9 appropriated to the department for this purpose for the fiscal
58 10 year.

Requires the rate of reimbursement for inpatient services to remain at the rate in effect in FY 2017, subject to the Medicaid UPL rules.

58 11 (3) For the fiscal year beginning July 1, 2017, the graduate
58 12 medical education and disproportionate share hospital fund
58 13 shall remain at the amount in effect on June 30, 2017, except
58 14 that the portion of the fund attributable to graduate medical
58 15 education shall be reduced in an amount that reflects the
58 16 elimination of graduate medical education payments made to
58 17 out-of-state hospitals.

Requires the rate of reimbursement for the Graduate Medical Education and Disproportionate Share Hospital Fund to remain at the rate in effect in FY 2017, except for the portion that eliminates graduate medical education payments made to out-of-state hospitals.

58 18 (4) In order to ensure the efficient use of limited state
58 19 funds in procuring health care services for low-income lowans,
58 20 funds appropriated in this Act for hospital services shall
58 21 not be used for activities which would be excluded from a
58 22 determination of reasonable costs under the federal Medicare
58 23 program pursuant to 42 U.S.C. §1395x(v)(1)(N).

Requires funds appropriated to hospital activities to be used for activities pursuant to the federal Medicare program.

58 24 d. For the fiscal year beginning July 1, 2017, reimbursement
58 25 rates for hospices and acute mental hospitals shall be
58 26 increased in accordance with increases under the federal
58 27 Medicare program or as supported by their Medicare audited
58 28 costs.

Requires hospice services and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2018.

58 29 e. For the fiscal year beginning July 1, 2017, independent
58 30 laboratories and rehabilitation agencies shall be reimbursed
58 31 using the same methodology in effect on June 30, 2017.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology used in FY 2017.

58 32 f. (1) For the fiscal year beginning July 1, 2017,
58 33 reimbursement rates for home health agencies shall continue to
58 34 be based on the Medicare low utilization payment adjustment
58 35 (LUPA) methodology with state geographic wage adjustments.
59 1 The department shall continue to update the rates every two
59 2 years to reflect the most recent Medicare LUPA rates to the
59 3 extent possible within the state funding appropriated for this
59 4 purpose.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Adjustment (LUPA) methodology and to be adjusted according to funds appropriated for FY 2018.

59 5 (2) For the fiscal year beginning July 1, 2017, rates for
59 6 private duty nursing and personal care services under the early

Requires rates for private duty nursing and personal care services under the Early and Periodic Screening, Diagnostic, and Treatment

59 7 and periodic screening, diagnostic, and treatment program
 59 8 benefit shall be calculated based on the methodology in effect
 59 9 on June 30, 2017.

(EPSDT) Program to remain at the same level as the FY 2017 methodology.

59 10 g. For the fiscal year beginning July 1, 2017, federally
 59 11 qualified health centers and rural health clinics shall receive
 59 12 cost-based reimbursement for 100 percent of the reasonable
 59 13 costs for the provision of services to recipients of medical
 59 14 assistance.

Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.

59 15 h. For the fiscal year beginning July 1, 2017, the
 59 16 reimbursement rates for dental services shall remain at the
 59 17 rates in effect on June 30, 2017.

Requires the reimbursement rates for dental services to remain at the rates in effect in FY 2017.

59 18 i. (1) For the fiscal year beginning July 1, 2017,
 59 19 reimbursement rates for non-state-owned psychiatric medical
 59 20 institutions for children shall be based on the reimbursement
 59 21 methodology in effect on June 30, 2017.

Requires non-state-owned Psychiatric Medical Institutions for Children (PMICs) to be reimbursed based on the reimbursement methodology effective in FY 2017.

59 22 (2) As a condition of participation in the medical
 59 23 assistance program, enrolled providers shall accept the medical
 59 24 assistance reimbursement rate for any covered goods or services
 59 25 provided to recipients of medical assistance who are children
 59 26 under the custody of a psychiatric medical institution for
 59 27 children.

Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.

59 28 j. For the fiscal year beginning July 1, 2017, unless
 59 29 otherwise specified in this Act, all noninstitutional medical
 59 30 assistance provider reimbursement rates shall remain at the
 59 31 rates in effect on June 30, 2017, except for area education
 59 32 agencies, local education agencies, infant and toddler
 59 33 services providers, home and community-based services providers
 59 34 including consumer-directed attendant care providers under a
 59 35 section 1915(c) or 1915(i) waiver, targeted case management
 60 1 providers, and those providers whose rates are required to be
 60 2 determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rates in effect in FY 2017.

60 3 k. Notwithstanding any provision to the contrary, for the
 60 4 fiscal year beginning July 1, 2017, the reimbursement rate
 60 5 for anesthesiologists shall be adjusted to implement the cost
 60 6 containment strategies authorized for the medical assistance
 60 7 program in this 2017 Act.

Requires the reimbursement rates for anesthesiologists to be reduced to the Medicare level for FY 2018.

FISCAL IMPACT: This change is estimated to save the State \$3,100,000 for FY 2018.

60 8 l. Notwithstanding section 249A.20, for the fiscal year
 60 9 beginning July 1, 2017, the average reimbursement rate for
 60 10 health care providers eligible for use of the federal Medicare
 60 11 resource-based relative value scale reimbursement methodology
 60 12 under section 249A.20 shall remain at the rate in effect on

Requires the rates for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2017 and not to exceed the maximum level authorized by the federal government.

60 13 June 30, 2017; however, this rate shall not exceed the maximum
60 14 level authorized by the federal government.

60 15 m. For the fiscal year beginning July 1, 2017, the
60 16 reimbursement rate for residential care facilities shall not
60 17 be less than the minimum payment level as established by the
60 18 federal government to meet the federally mandated maintenance
60 19 of effort requirement. The flat reimbursement rate for
60 20 facilities electing not to file annual cost reports shall not
60 21 be less than the minimum payment level as established by the
60 22 federal government to meet the federally mandated maintenance
60 23 of effort requirement.

Requires the FY 2018 reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.

60 24 n. For the fiscal year beginning July 1, 2017, the
60 25 reimbursement rates for inpatient mental health services
60 26 provided at hospitals shall remain at the rates in effect on
60 27 June 30, 2017, subject to Medicaid program upper payment limit
60 28 rules; and psychiatrists shall be reimbursed at the medical
60 29 assistance program fee-for-service rate in effect on June 30,
60 30 2017.

Requires the FY 2018 reimbursement rates for inpatient psychiatric hospital services to remain at the rates in effect in FY 2017, subject to Medicaid Upper Payment Limit rules.

60 31 o. For the fiscal year beginning July 1, 2017, community
60 32 mental health centers may choose to be reimbursed for the
60 33 services provided to recipients of medical assistance through
60 34 either of the following options:
60 35 (1) For 100 percent of the reasonable costs of the services.
61 1 (2) In accordance with the alternative reimbursement rate
61 2 methodology approved by the department of human services in
61 3 effect on June 30, 2017.

Allows Community Mental Health Centers (CMHCs) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service and uses a cost settlement methodology. The second option is based on rates in effect in FY 2017.

61 4 p. For the fiscal year beginning July 1, 2017, the
61 5 reimbursement rate for providers of family planning services
61 6 that are eligible to receive a 90 percent federal match shall
61 7 remain at the rates in effect on June 30, 2017.

Requires the reimbursement rates for family planning services eligible to receive a 90.00% federal match to remain at the rates in effect in FY 2017.

61 8 q. Unless otherwise subject to a tiered rate methodology,
61 9 for the fiscal year beginning July 1, 2017, the upper
61 10 limits and reimbursement rates for providers of home and
61 11 community-based services waiver services shall be reimbursed
61 12 using the reimbursement methodology in effect on June 30, 2017.

Requires the reimbursement rates for HCBS waiver service providers to remain at the rates in effect in FY 2017 unless otherwise subject to a tiered rate methodology.

61 13 r. For the fiscal year beginning July 1, 2017, the
61 14 reimbursement rates for emergency medical service providers
61 15 shall remain at the rates in effect on June 30, 2017.

Requires the reimbursement rates for emergency medical service providers to remain at the rates in effect in FY 2017.

61 16 s. For the fiscal year beginning July 1, 2017, reimbursement
61 17 rates for substance-related disorder treatment programs
61 18 licensed under section 125.13 shall remain at the rates in

Requires the reimbursement rates for substance abuse treatment providers to remain at the rates in effect in FY 2017.

61 19 effect on June 30, 2017.

61 20 2. For the fiscal year beginning July 1, 2017, the
61 21 reimbursement rate for providers reimbursed under the
61 22 in-home-related care program shall not be less than the minimum
61 23 payment level as established by the federal government to meet
61 24 the federally mandated maintenance of effort requirement.

Requires that the minimum reimbursement payment for providers of the In-Home-Related Care Program be no less than the minimum payment established by the federal government for FY 2018.

61 25 3. Unless otherwise directed in this section, when the
61 26 department's reimbursement methodology for any provider
61 27 reimbursed in accordance with this section includes an
61 28 inflation factor, this factor shall not exceed the amount
61 29 by which the consumer price index for all urban consumers
61 30 increased during the calendar year ending December 31, 2002.

Specifies that when the required reimbursement methodology for providers under this Section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for All Urban Consumers for the calendar year ending December 31, 2002.

61 31 4. Notwithstanding section 234.38, for the fiscal
61 32 year beginning July 1, 2017, the foster family basic daily
61 33 maintenance rate and the maximum adoption subsidy rate for
61 34 children ages 0 through 5 years shall be \$16.78, the rate for
61 35 children ages 6 through 11 years shall be \$17.45, the rate for
62 1 children ages 12 through 15 years shall be \$19.10, and the
62 2 rate for children and young adults ages 16 and older shall
62 3 be \$19.35. For youth ages 18 to 21 who have exited foster
62 4 care, the preparation for adult living program maintenance rate
62 5 shall be \$602.70 per month. The maximum payment for adoption
62 6 subsidy nonrecurring expenses shall be limited to \$500 and the
62 7 disallowance of additional amounts for court costs and other
62 8 related legal expenses implemented pursuant to 2010 Iowa Acts,
62 9 chapter 1031, section 408, shall be continued.

Requires the reimbursement rates for the Foster Family Basic Daily Maintenance Rate and the Maximum Adoption Subsidy Rate for children from birth through age 21 to remain at the rates in effect for FY 2017.

62 10 5. For the fiscal year beginning July 1, 2017, the maximum
62 11 reimbursement rates for social services providers under
62 12 contract shall remain at the rates in effect on June 30, 2017,
62 13 or the provider's actual and allowable cost plus inflation for
62 14 each service, whichever is less. However, if a new service
62 15 or service provider is added after June 30, 2017, the initial
62 16 reimbursement rate for the service or provider shall be based
62 17 upon a weighted average of provider rates for similar services.

Requires the reimbursement rates for social services providers under contract to remain at the rates in effect for FY 2017, or the provider's actual and allowable cost plus inflation for each service, whichever is less. This Section also addresses reimbursement rates if a new service or service provider is added after June 30, 2017.

62 18 6. a. For the fiscal year beginning July 1, 2017, the
62 19 reimbursement rates for resource family recruitment and
62 20 retention contractors shall be established by contract.
62 21 b. For the fiscal year beginning July 1, 2017, the
62 22 reimbursement rates for supervised apartment living foster care
62 23 providers shall be established by contract.

Requires the reimbursement rates for resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rates in effect in FY 2017.

62 24 7. a. For the purposes of this subsection, "combined
62 25 reimbursement rate" means the combined service and maintenance

Requires the FY 2018 combined reimbursement rate for group foster care providers to remain at the rate in effect in FY 2017.

62 26 reimbursement rate for a service level under the department's
62 27 reimbursement methodology. Effective July 1, 2017, the
62 28 combined reimbursement rate for a group foster care service
62 29 level shall be the amount designated in this subsection.
62 30 However, if a group foster care provider's reimbursement rate
62 31 for a service level as of June 30, 2017, is more than the rate
62 32 designated in this subsection, the provider's reimbursement
62 33 shall remain at the higher rate.

62 34 b. Unless a group foster care provider is subject to the
62 35 exception provided in paragraph "a", effective July 1, 2017,
63 1 the combined reimbursement rates for the service levels under
63 2 the department's reimbursement methodology shall be as follows:

63 3 (1) For service level, community - D1, the daily rate shall
63 4 be at least \$84.17.

63 5 (2) For service level, comprehensive - D2, the daily rate
63 6 shall be at least \$119.09.

63 7 (3) For service level, enhanced - D3, the daily rate shall
63 8 be at least \$131.09.

63 9 8. The group foster care reimbursement rates paid for
63 10 placement of children out of state shall be calculated
63 11 according to the same rate-setting principles as those used for
63 12 in-state providers, unless the director of human services or
63 13 the director's designee determines that appropriate care cannot
63 14 be provided within the state. The payment of the daily rate
63 15 shall be based on the number of days in the calendar month in
63 16 which service is provided.

63 17 9. a. For the fiscal year beginning July 1, 2017, the
63 18 reimbursement rate paid for shelter care and the child welfare
63 19 emergency services implemented to provide or prevent the need
63 20 for shelter care shall be established by contract.

63 21 b. For the fiscal year beginning July 1, 2017, the combined
63 22 service and maintenance components of the reimbursement rate
63 23 paid for shelter care services shall be based on the financial
63 24 and statistical report submitted to the department. The
63 25 maximum reimbursement rate shall be \$101.83 per day. The
63 26 department shall reimburse a shelter care provider at the
63 27 provider's actual and allowable unit cost, plus inflation, not
63 28 to exceed the maximum reimbursement rate.

63 29 c. Notwithstanding section 232.141, subsection 8, for the
63 30 fiscal year beginning July 1, 2017, the amount of the statewide
63 31 average of the actual and allowable rates for reimbursement of
63 32 juvenile shelter care homes that is utilized for the limitation
63 33 on recovery of unpaid costs shall remain at the amount in
63 34 effect for this purpose in the fiscal year beginning July 1,

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the State. Also, requires payment of the daily rate to be based on the number of days in the calendar month this service is provided.

Requires the statewide average reimbursement rates paid to shelter care providers to be established by contract.

Requires the FY 2018 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

Requires the statewide average reimbursement rates paid to shelter care providers in FY 2018 to remain at the rates in effect in FY 2017.

63 35 2016.

64 1 10. For the fiscal year beginning July 1, 2017, the
64 2 department shall calculate reimbursement rates for intermediate
64 3 care facilities for persons with an intellectual disability
64 4 at the 80th percentile. Beginning July 1, 2017, the rate
64 5 calculation methodology shall utilize the consumer price index
64 6 inflation factor applicable to the fiscal year beginning July
64 7 1, 2017.

Requires the DHS to calculate reimbursement rates for intermediate care facilities for persons with intellectual disabilities (ICF/IDs) at the 80th percentile for FY 2018.

64 8 11. For the fiscal year beginning July 1, 2017, for child
64 9 care providers reimbursed under the state child care assistance
64 10 program, the department shall set provider reimbursement
64 11 rates based on the rate reimbursement survey completed in
64 12 December 2004. Effective July 1, 2017, the child care provider
64 13 reimbursement rates shall remain at the rates in effect on June
64 14 30, 2017. The department shall set rates in a manner so as
64 15 to provide incentives for a nonregistered provider to become
64 16 registered by applying the increase only to registered and
64 17 licensed providers.

Requires the CCA Program rates paid to providers in FY 2018 to remain at the rates in effect in FY 2017.

64 18 12. For the fiscal year beginning July 1, 2017, affected
64 19 providers or services shall be reimbursed as follows:

64 20 a. For fee-for-service claims, a rate or reimbursement
64 21 shall be calculated based on the methodology otherwise
64 22 specified in this section for the fiscal year beginning July 1,
64 23 2017, for the respective provider or service.

Specifies that fee-for-service rates are to be calculated based on the methodology in this Section.

64 24 b. For claims subject to a managed care contract with
64 25 the exception of any provider or service to which a rate or
64 26 reimbursement increase is applicable for the fiscal year under
64 27 this section, the rate or reimbursement shall be based on the
64 28 methodology established by the managed care contract. However,
64 29 any rate or reimbursement established under such contract
64 30 shall not be lower than the rate or reimbursement floor
64 31 established by the department of human services as the managed
64 32 care organization rate or reimbursement floor for a respective
64 33 provider or service in effect on April 1, 2016.

Specifies that with the exception of the rate increases provided in this Section, managed care rates shall be based on the methodology established by contract.

64 34 13. Notwithstanding any provision to the contrary,
64 35 reimbursement rates and methodologies under this section may
65 1 be adjusted as necessary to implement the cost containment
65 2 strategies authorized for the medical assistance program in
65 3 this 2017 Act.

65 4 14. The department may adopt emergency rules to implement
65 5 this section.

Allows the DHS to adopt emergency rules to implement the Section dealing with reimbursement rates.

65 6 Sec. 32. EMERGENCY RULES.

65 7 1. If specifically authorized by a provision of this
65 8 division of this Act, the department of human services or
65 9 the mental health and disability services commission may
65 10 adopt administrative rules under section 17A.4, subsection
65 11 3, and section 17A.5, subsection 2, paragraph "b", to
65 12 implement the provisions of this division of this Act and
65 13 the rules shall become effective immediately upon filing or
65 14 on a later effective date specified in the rules, unless the
65 15 effective date of the rules is delayed or the applicability
65 16 of the rules is suspended by the administrative rules review
65 17 committee. Any rules adopted in accordance with this section
65 18 shall not take effect before the rules are reviewed by the
65 19 administrative rules review committee. The delay authority
65 20 provided to the administrative rules review committee under
65 21 section 17A.4, subsection 7, and section 17A.8, subsection 9,
65 22 shall be applicable to a delay imposed under this section,
65 23 notwithstanding a provision in those sections making them
65 24 inapplicable to section 17A.5, subsection 2, paragraph "b".
65 25 Any rules adopted in accordance with the provisions of this
65 26 section shall also be published as a notice of intended action
65 27 as provided in section 17A.4.

65 28 2. If during a fiscal year, the department of human
65 29 services is adopting rules in accordance with this section
65 30 or as otherwise directed or authorized by state law, and the
65 31 rules will result in an expenditure increase beyond the amount
65 32 anticipated in the budget process or if the expenditure was
65 33 not addressed in the budget process for the fiscal year, the
65 34 department shall notify the persons designated by this division
65 35 of this Act for submission of reports, the chairpersons and
66 1 ranking members of the committees on appropriations, and
66 2 the department of management concerning the rules and the
66 3 expenditure increase. The notification shall be provided at
66 4 least 30 calendar days prior to the date notice of the rules
66 5 is submitted to the administrative rules coordinator and the
66 6 administrative code editor.

66 7 Sec. 33. REPORTS. Any reports or other information
66 8 required to be compiled and submitted under this Act during the
66 9 fiscal year beginning July 1, 2017, shall be submitted to the
66 10 chairpersons and ranking members of the joint appropriations
66 11 subcommittee on health and human services, the legislative
66 12 services agency, and the legislative caucus staffs on or
66 13 before the dates specified for submission of the reports or
66 14 information.

66 15 Sec. 34. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
66 16 APPROPRIATIONS FY 2017-2018. Notwithstanding section 8.39,

Requires the DHS to report to the Chairpersons and Ranking Members of the Appropriations Committees, the LSA, and the DOM at least 30 days prior to submitting rules that have a fiscal impact that was not addressed in the budget process.

Requires any reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staff, and the LSA.

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative. Requires the DHS

66 17 subsection 1, for the fiscal year beginning July 1, 2017, if
 66 18 savings resulting from the governor's Medicaid modernization
 66 19 initiative accrue to the medical contracts or children's health
 66 20 insurance program appropriation from the general fund of the
 66 21 state and not to the medical assistance appropriation from the
 66 22 general fund of the state under this division of this Act,
 66 23 such savings may be transferred to such medical assistance
 66 24 appropriation for the same fiscal year without prior written
 66 25 consent and approval of the governor and the director of the
 66 26 department of management. The department of human services
 66 27 shall report any transfers made pursuant to this section to the
 66 28 legislative services agency.

to report any transfers made pursuant to this Section to the LSA.

66 29 Sec. 35. EFFECTIVE UPON ENACTMENT. The following
 66 30 provisions of this division of this Act, being deemed of
 66 31 immediate importance, take effect upon enactment:
 66 32 1. The provision relating to section 232.141 and directing
 66 33 the state court administrator and the division administrator of
 66 34 the department of human services division of child and family
 66 35 services to make the determination, by June 15, 2017, of the
 67 1 distribution of funds allocated for the payment of the expenses
 67 2 of court-ordered services provided to juveniles which are a
 67 3 charge upon the state.

The provision directing the State Court Administrator and the Division Administrator of the Child and Family Services Division of the DHS to determine the distribution of funds for the State expenses of court-ordered services for juveniles by June 15, 2017 takes effect upon enactment.

67 4 DIVISION VI
 67 5 HEALTH CARE ACCOUNTS AND FUNDS — FY 2017-2018

67 6 Sec. 36. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 67 7 appropriated from the pharmaceutical settlement account created
 67 8 in section 249A.33 to the department of human services for the
 67 9 fiscal year beginning July 1, 2017, and ending June 30, 2018,
 67 10 the following amount, or so much thereof as is necessary, to be
 67 11 used for the purpose designated:
 67 12 Notwithstanding any provision of law to the contrary, to
 67 13 supplement the appropriations made in this Act for medical
 67 14 contracts under the medical assistance program for the fiscal
 67 15 year beginning July 1, 2017, and ending June 30, 2018:
 67 16 \$ 800,000

Pharmaceutical Settlement Account appropriation to the DHS for the Medical Contracts appropriation in Medicaid.

DETAIL: This is a decrease of \$500,000 compared to estimated net FY 2017.

67 17 Sec. 37. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 67 18 SERVICES. Notwithstanding any provision to the contrary and
 67 19 subject to the availability of funds, there is appropriated
 67 20 from the quality assurance trust fund created in section
 67 21 249L.4 to the department of human services for the fiscal year
 67 22 beginning July 1, 2017, and ending June 30, 2018, the following
 67 23 amounts, or so much thereof as is necessary, for the purposes
 67 24 designated:

[Quality Assurance Trust Fund](#) appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is no change compared to estimated net FY 2017.

67 25 To supplement the appropriation made in this Act from the
 67 26 general fund of the state to the department of human services
 67 27 for medical assistance for the same fiscal year:
 67 28 \$ 36,705,208

67 29 Sec. 38. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 67 30 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 67 31 the contrary and subject to the availability of funds, there is
 67 32 appropriated from the hospital health care access trust fund
 67 33 created in section 249M.4 to the department of human services
 67 34 for the fiscal year beginning July 1, 2017, and ending June
 67 35 30, 2018, the following amounts, or so much thereof as is
 68 1 necessary, for the purposes designated:

68 2 To supplement the appropriation made in this Act from the
 68 3 general fund of the state to the department of human services
 68 4 for medical assistance for the same fiscal year:
 68 5 \$ 33,920,554

68 6 Sec. 39. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 68 7 FOR FY 2017-2018. Notwithstanding section 8.33, if moneys
 68 8 appropriated for purposes of the medical assistance program for
 68 9 the fiscal year beginning July 1, 2017, and ending June 30,
 68 10 2018, from the general fund of the state, the quality assurance
 68 11 trust fund and the hospital health care access trust fund, are
 68 12 in excess of actual expenditures for the medical assistance
 68 13 program and remain unencumbered or unobligated at the close
 68 14 of the fiscal year, the excess moneys shall not revert but
 68 15 shall remain available for expenditure for the purposes of the
 68 16 medical assistance program until the close of the succeeding
 68 17 fiscal year.

68 18 DIVISION VII
 68 19 DEPARTMENT ON AGING — FY 2018-2019

68 20 Sec. 40. DEPARTMENT ON AGING. There is appropriated from
 68 21 the general fund of the state to the department on aging for
 68 22 the fiscal year beginning July 1, 2018, and ending June 30,
 68 23 2019, the following amount, or so much thereof as is necessary,
 68 24 to be used for the purposes designated:
 68 25 For aging programs for the department on aging and area
 68 26 agencies on aging to provide citizens of Iowa who are 60 years
 68 27 of age and older with case management for frail elders, Iowa's
 68 28 aging and disabilities resource center, and other services
 68 29 which may include but are not limited to adult day services,
 68 30 respite care, chore services, information and assistance,
 68 31 and material aid, for information and options counseling for
 68 32 persons with disabilities who are 18 years of age or older,
 68 33 and for salaries, support, administration, maintenance, and
 68 34 miscellaneous purposes, and for not more than the following

[Hospital Health Care Access Trust Fund](#) appropriation to the Medicaid Program.

DETAIL: This is a decrease of \$779,446 compared to estimated net FY 2017, due to less revenue available in the Fund.

Requires nonreversion of funds from the Medicaid Program. The funds will carry forward and remain available for use and expenditure in FY 2019.

Divisions VII through XII make FY 2019 General Fund, other fund, and FTE position appropriations. All appropriations and allocations are at 50.00% of the FY 2018 level, with the following exceptions:

- Medical Contracts, Autism Support Program: A reallocation of \$125,000 to the Board-Certified Behavioral Analyst and Board-Certified Assistant Behavioral Analyst Grants Program Fund instead of Drake University.
- Community Capacity: An allocation of \$436,327 for the Medical Residency Program.
- Standing appropriations or appropriations that consist of entire fund balances.

68 35 full-time equivalent positions:

69 1	.....	\$	5,521,238
69 2	.....	FTEs	27.00

69 3 1. Funds appropriated in this section may be used to

69 4 supplement federal funds under federal regulations. To

69 5 receive funds appropriated in this section, a local area

69 6 agency on aging shall match the funds with moneys from other

69 7 sources according to rules adopted by the department. Funds

69 8 appropriated in this section may be used for elderly services

69 9 not specifically enumerated in this section only if approved

69 10 by an area agency on aging for provision of the service within

69 11 the area.

69 12 2. Of the funds appropriated in this section, \$139,973 is

69 13 transferred to the economic development authority for the Iowa

69 14 commission on volunteer services to be used for the retired and

69 15 senior volunteer program.

69 16 3. a. The department on aging shall establish and enforce

69 17 procedures relating to expenditure of state and federal funds

69 18 by area agencies on aging that require compliance with both

69 19 state and federal laws, rules, and regulations, including but

69 20 not limited to all of the following:

69 21 (1) Requiring that expenditures are incurred only for goods

69 22 or services received or performed prior to the end of the

69 23 fiscal period designated for use of the funds.

69 24 (2) Prohibiting prepayment for goods or services not

69 25 received or performed prior to the end of the fiscal period

69 26 designated for use of the funds.

69 27 (3) Prohibiting the prepayment for goods or services

69 28 not defined specifically by good or service, time period, or

69 29 recipient.

69 30 (4) Prohibiting the establishment of accounts from which

69 31 future goods or services which are not defined specifically by

69 32 good or service, time period, or recipient, may be purchased.

69 33 b. The procedures shall provide that if any funds are

69 34 expended in a manner that is not in compliance with the

69 35 procedures and applicable federal and state laws, rules, and

70 1 regulations, and are subsequently subject to repayment, the

70 2 area agency on aging expending such funds in contravention of

70 3 such procedures, laws, rules and regulations, not the state,

70 4 shall be liable for such repayment.

70 5 4. Of the funds appropriated in this section, at least

70 6 \$125,000 shall be used to fund the unmet needs identified

70 7 through Iowa's aging and disability resource center network.

70 8 5. Of the funds appropriated in this section, at least

70 9 \$300,000 shall be used to fund home and community-based

70 10 services through the area agencies on aging that enable older

70 11 individuals to avoid more costly utilization of residential or

70 12 institutional services and remain in their own homes.

70 13 6. Of the funds appropriated in this section, \$406,268
 70 14 shall be used for the purposes of chapter 231E and section
 70 15 231.56A, of which \$175,000 shall be used for the office of
 70 16 substitute decision maker pursuant to chapter 231E, and the
 70 17 remainder shall be distributed equally to the area agencies on
 70 18 aging to administer the prevention of elder abuse, neglect, and
 70 19 exploitation program pursuant to section 231.56A, in accordance
 70 20 with the requirements of the federal Older Americans Act of
 70 21 1965, 42 U.S.C. §3001 et seq., as amended.

70 22 7. Of the funds appropriated in this section, \$375,000
 70 23 shall be used to fund continuation of the aging and disability
 70 24 resource center lifelong links to provide individuals and
 70 25 caregivers with information and services to plan for and
 70 26 maintain independence.

70 27 8. Notwithstanding section 8.39, for the fiscal year
 70 28 beginning July 1, 2018, the department may transfer funds
 70 29 within or between the allocations made in this division of this
 70 30 Act for the same fiscal year in accordance with departmental
 70 31 priorities. The department shall report any such transfers
 70 32 to the individuals specified in this Act for submission of
 70 33 reports. This subsection shall not be construed to prohibit
 70 34 the use of existing state transfer authority for other
 70 35 purposes.

71 1 DIVISION VIII

71 2 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2018-2019

71 3 Sec. 41. OFFICE OF LONG-TERM CARE OMBUDSMAN. There is
 71 4 appropriated from the general fund of the state to the office
 71 5 of long-term care ombudsman for the fiscal year beginning July
 71 6 1, 2018, and ending June 30, 2019, the following amount, or
 71 7 so much thereof as is necessary, to be used for the purposes
 71 8 designated:

71 9 For salaries, support, administration, maintenance, and
 71 10 miscellaneous purposes, and for not more than the following
 71 11 full-time equivalent positions:

71 12	\$	580,140
71 13	FTEs	16.00

71 14 DIVISION IX

71 15 DEPARTMENT OF PUBLIC HEALTH — FY 2018-2019

71 16 Sec. 42. DEPARTMENT OF PUBLIC HEALTH. There is appropriated
 71 17 from the general fund of the state to the department of public
 71 18 health for the fiscal year beginning July 1, 2018, and ending
 71 19 June 30, 2019, the following amounts, or so much thereof as is
 71 20 necessary, to be used for the purposes designated:

71 21 1. ADDICTIVE DISORDERS

71 22 For reducing the prevalence of the use of tobacco, alcohol,
 71 23 and other drugs, and treating individuals affected by addictive
 71 24 behaviors, including gambling, and for not more than the
 71 25 following full-time equivalent positions:

71 26 \$ 12,492,915

71 27 FTEs 10.00

71 28 a. (1) Of the funds appropriated in this subsection,
 71 29 \$2,010,612 shall be used for the tobacco use prevention
 71 30 and control initiative, including efforts at the state and
 71 31 local levels, as provided in chapter 142A. The commission
 71 32 on tobacco use prevention and control established pursuant
 71 33 to section 142A.3 shall advise the director of public health
 71 34 in prioritizing funding needs and the allocation of moneys
 71 35 appropriated for the programs and initiatives. Activities
 72 1 of the programs and initiatives shall be in alignment with
 72 2 the United States centers for disease control and prevention
 72 3 best practices for comprehensive tobacco control programs that
 72 4 include the goals of preventing youth initiation of tobacco
 72 5 usage, reducing exposure to secondhand smoke, and promotion
 72 6 of tobacco cessation. To maximize resources, the department
 72 7 shall determine if third-party sources are available to
 72 8 instead provide nicotine replacement products to an applicant
 72 9 prior to provision of such products to an applicant under
 72 10 the initiative. The department shall track and report to
 72 11 the individuals specified in this Act, any reduction in
 72 12 the provision of nicotine replacement products realized by
 72 13 the initiative through implementation of the prerequisite
 72 14 screening.

72 15 (2) (a) The department shall collaborate with the
 72 16 alcoholic beverages division of the department of commerce for
 72 17 enforcement of tobacco laws, regulations, and ordinances and to
 72 18 engage in tobacco control activities approved by the division
 72 19 of tobacco use prevention and control of the department of
 72 20 public health as specified in the memorandum of understanding
 72 21 entered into between the divisions.

72 22 (b) For the fiscal year beginning July 1, 2018, and ending
 72 23 June 30, 2019, the terms of the memorandum of understanding,
 72 24 entered into between the division of tobacco use prevention
 72 25 and control of the department of public health and the
 72 26 alcoholic beverages division of the department of commerce,
 72 27 governing compliance checks conducted to ensure licensed retail
 72 28 tobacco outlet conformity with tobacco laws, regulations, and
 72 29 ordinances relating to persons under 18 years of age, shall
 72 30 continue to restrict the number of such checks to one check per
 72 31 retail outlet, and one additional check for any retail outlet
 72 32 found to be in violation during the first check.

72 33 b. Of the funds appropriated in this subsection,
 72 34 \$10,482,303 shall be used for problem gambling and
 72 35 substance-related disorder prevention, treatment, and recovery
 73 1 services, including a 24-hour helpline, public information
 73 2 resources, professional training, youth prevention, and program
 73 3 evaluation.

73 4 c. The requirement of section 123.17, subsection 5, is met
 73 5 by the appropriations and allocations made in this division of
 73 6 this Act for purposes of substance-related disorder treatment
 73 7 and addictive disorders for the fiscal year beginning July 1,
 73 8 2018.

73 9 2. HEALTHY CHILDREN AND FAMILIES

73 10 For promoting the optimum health status for children,
 73 11 adolescents from birth through 21 years of age, and families,
 73 12 and for not more than the following full-time equivalent
 73 13 positions:

73 14	.....	\$	2,662,816
73 15	.....	FTEs	12.00

73 16 a. Of the funds appropriated in this subsection, not more
 73 17 than \$367,420 shall be used for the healthy opportunities for
 73 18 parents to experience success (HOPES)-healthy families Iowa
 73 19 (HFI) program established pursuant to section 135.106. The
 73 20 funding shall be distributed to renew the grants that were
 73 21 provided to the grantees that operated the program during the
 73 22 fiscal year ending June 30, 2018.

73 23 b. In order to implement the legislative intent stated in
 73 24 sections 135.106 and 256I.9, that priority for home visitation
 73 25 program funding be given to programs using evidence-based or
 73 26 promising models for home visitation, it is the intent of the
 73 27 general assembly to phase in the funding priority in accordance
 73 28 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,
 73 29 paragraph "0b".

73 30 c. Of the funds appropriated in this subsection, \$1,537,550
 73 31 shall be used for continuation of the department's initiative
 73 32 to provide for adequate developmental surveillance and
 73 33 screening during a child's first five years. The funds shall
 73 34 be used first to fully fund the current sites to ensure that
 73 35 the sites are fully operational, with the remaining funds
 74 1 to be used for expansion to additional sites. The full
 74 2 implementation and expansion shall include enhancing the scope
 74 3 of the initiative through collaboration with the child health
 74 4 specialty clinics to promote healthy child development through
 74 5 early identification and response to both biomedical and social
 74 6 determinants of healthy development; by monitoring child
 74 7 health metrics to inform practice, document long-term health
 74 8 impacts and savings, and provide for continuous improvement
 74 9 through training, education, and evaluation; and by providing
 74 10 for practitioner consultation particularly for children with
 74 11 behavioral conditions and needs. The department of public
 74 12 health shall also collaborate with the Iowa Medicaid enterprise
 74 13 and the child health specialty clinics to integrate the
 74 14 activities of the first five initiative into the establishment
 74 15 of patient-centered medical homes, community utilities,
 74 16 accountable care organizations, and other integrated care

74 17 models developed to improve health quality and population
 74 18 health while reducing health care costs. To the maximum extent
 74 19 possible, funding allocated in this paragraph shall be utilized
 74 20 as matching funds for medical assistance program reimbursement.
 74 21 d. Of the funds appropriated in this subsection, \$32,320
 74 22 shall be distributed to a statewide dental carrier to provide
 74 23 funds to continue the donated dental services program patterned
 74 24 after the projects developed by the lifeline network to provide
 74 25 dental services to indigent individuals who are elderly or with
 74 26 disabilities.

74 27 e. Of the funds appropriated in this subsection, \$78,241
 74 28 shall be used to provide audiological services and hearing
 74 29 aids for children. The department may enter into a contract
 74 30 to administer this paragraph.

74 31 f. Of the funds appropriated in this subsection, \$11,500 is
 74 32 transferred to the university of iowa college of dentistry for
 74 33 provision of primary dental services to children. State funds
 74 34 shall be matched on a dollar-for-dollar basis. The university
 74 35 of iowa college of dentistry shall coordinate efforts with the
 75 1 department of public health, bureau of oral and health delivery
 75 2 systems, to provide dental care to underserved populations
 75 3 throughout the state.

75 4 g. Of the funds appropriated in this subsection, \$25,000
 75 5 shall be used to address youth suicide prevention.

75 6 h. Of the funds appropriated in this subsection, \$20,255
 75 7 shall be used to support the iowa effort to address the survey
 75 8 of children who experience adverse childhood experiences known
 75 9 as ACEs.

75 10 i. The department of public health shall continue to
 75 11 administer the program to assist parents in this state with
 75 12 costs resulting from the death of a child in accordance with
 75 13 the provisions of 2014 Iowa Acts, chapter 1140, section 22,
 75 14 subsection 12.

75 15 3. CHRONIC CONDITIONS

75 16 For serving individuals identified as having chronic
 75 17 conditions or special health care needs, and for not more than
 75 18 the following full-time equivalent positions:

75 19	\$	2,085,375
75 20	FTEs	5.00

75 21 a. Of the funds appropriated in this subsection, \$76,877
 75 22 shall be used for grants to individual patients who have an
 75 23 inherited metabolic disorder to assist with the costs of
 75 24 medically necessary foods and formula.

75 25 b. Of the funds appropriated in this subsection, \$510,397
 75 26 shall be used for the brain injury services program pursuant
 75 27 to section 135.22B, including for contracting with an existing
 75 28 nationally affiliated and statewide organization whose purpose
 75 29 is to educate, serve, and support lowans with brain injury and

75 30 their families for resource facilitator services in accordance
75 31 with section 135.22B, subsection 9, and for contracting to
75 32 enhance brain injury training and recruitment of service
75 33 providers on a statewide basis. Of the amount allocated in
75 34 this paragraph, \$47,500 shall be used to fund one full-time
75 35 equivalent position to serve as the state brain injury services
76 1 program manager.

76 2 c. Of the funds appropriated in this subsection, \$72,048
76 3 shall be used for the public purpose of continuing to contract
76 4 with an existing national-affiliated organization to provide
76 5 education, client-centered programs, and client and family
76 6 support for people living with epilepsy and their families.
76 7 The amount allocated in this paragraph in excess of \$50,000
76 8 shall be matched dollar-for-dollar by the organization
76 9 specified.

76 10 d. Of the funds appropriated in this subsection, \$404,775
76 11 shall be used for child health specialty clinics.

76 12 e. Of the funds appropriated in this subsection, \$192,276
76 13 shall be used by the regional autism assistance program
76 14 established pursuant to section 256.35, and administered by
76 15 the child health specialty clinic located at the university of
76 16 Iowa hospitals and clinics. The funds shall be used to enhance
76 17 interagency collaboration and coordination of educational,
76 18 medical, and other human services for persons with autism,
76 19 their families, and providers of services, including delivering
76 20 regionalized services of care coordination, family navigation,
76 21 and integration of services through the statewide system of
76 22 regional child health specialty clinics and fulfilling other
76 23 requirements as specified in chapter 225D. The university of
76 24 Iowa shall not receive funds allocated under this paragraph for
76 25 indirect costs associated with the regional autism assistance
76 26 program.

76 27 f. Of the funds appropriated in this subsection, \$288,687
76 28 shall be used for the comprehensive cancer control program to
76 29 reduce the burden of cancer in Iowa through prevention, early
76 30 detection, effective treatment, and ensuring quality of life.
76 31 Of the funds allocated in this paragraph "f", \$75,000 shall
76 32 be used to support a melanoma research symposium, a melanoma
76 33 biorepository and registry, basic and translational melanoma
76 34 research, and clinical trials.

76 35 g. Of the funds appropriated in this subsection, \$48,766
77 1 shall be used for cervical and colon cancer screening, and
77 2 \$88,860 shall be used to enhance the capacity of the cervical
77 3 cancer screening program to include provision of recommended
77 4 prevention and early detection measures to a broader range of
77 5 low-income women.

77 6 h. Of the funds appropriated in this subsection, \$253,177
77 7 shall be used for the center for congenital and inherited

77 8 disorders.

77 9 i. Of the funds appropriated in this subsection,

77 10 \$107,631 shall be used by the department of public health

77 11 for reform-related activities, including but not limited to

77 12 facilitation of communication to stakeholders at the state and

77 13 local level, administering the patient-centered health advisory

77 14 council pursuant to section 135.159, and involvement in health

77 15 care system innovation activities occurring across the state.

77 16 j. Of the funds appropriated in this subsection, \$11,050

77 17 shall be used for administration of chapter 124D, the medical

77 18 cannabidiol Act.

77 19 4. COMMUNITY CAPACITY

77 20 For strengthening the health care delivery system at the

77 21 local level, and for not more than the following full-time

77 22 equivalent positions:

77 23 \$ 1,453,888

77 24 FTEs 13.00

77 25 a. Of the funds appropriated in this subsection, \$47,787

77 26 is allocated for continuation of the child vision screening

77 27 program implemented through the university of Iowa hospitals

77 28 and clinics in collaboration with early childhood Iowa areas.

77 29 The program shall submit a report to the individuals identified

77 30 in this Act for submission of reports regarding the use of

77 31 funds allocated under this paragraph "a". The report shall

77 32 include the objectives and results for the program year

77 33 including the target population and how the funds allocated

77 34 assisted the program in meeting the objectives; the number,

77 35 age, and location within the state of individuals served;

78 1 the type of services provided to the individuals served; the

78 2 distribution of funds based on service provided; and the

78 3 continuing needs of the program.

78 4 b. Of the funds appropriated in this subsection, \$52,828 is

78 5 allocated for continuation of an initiative implemented at the

78 6 university of Iowa to expand and improve the workforce engaged

78 7 in mental health treatment and services. The initiative shall

78 8 receive input from the university of Iowa, the department of

78 9 human services, the department of public health, and the mental

78 10 health and disability services commission to address the focus

78 11 of the initiative.

78 12 c. Of the funds appropriated in this section, \$41,657 shall

78 13 be deposited in the governmental public health system fund

78 14 created in section 135A.8 to be used for the purposes of the

78 15 fund.

78 16 d. Of the funds appropriated in this subsection,

78 17 \$24,034 shall be used for a grant to a statewide association

78 18 of psychologists that is affiliated with the American

78 19 psychological association to be used for continuation of a

78 20 program to rotate intern psychologists in placements in urban

78 21 and rural mental health professional shortage areas, as defined
78 22 in section 135.180.

78 23 e. Of the funds appropriated in this subsection, the
78 24 following amounts are allocated to be used as follows to
78 25 support the Iowa collaborative safety net provider network
78 26 goals of increased access, health system integration, and
78 27 engagement.

78 28 (1) Not less than \$260,931 is allocated to the Iowa
78 29 prescription drug corporation for continuation of the
78 30 pharmaceutical infrastructure for safety net providers as
78 31 described in 2007 Iowa Acts, chapter 218, section 108, and for
78 32 the prescription drug donation repository program created in
78 33 chapter 135M.

78 34 (2) Not less than \$167,435 is allocated to free clinics and
78 35 free clinics of Iowa for necessary infrastructure, statewide
79 1 coordination, provider recruitment, service delivery, and
79 2 provision of assistance to patients in securing a medical home
79 3 inclusive of oral health care.

79 4 (3) Not less than \$12,500 is allocated to the Iowa
79 5 association of rural health clinics for necessary
79 6 infrastructure and service delivery transformation.

79 7 (4) Not less than \$50,000 is allocated to the Polk county
79 8 medical society for continuation of the safety net provider
79 9 patient access to a specialty health care initiative as
79 10 described in 2007 Iowa Acts, chapter 218, section 109.

79 11 f. Of the funds appropriated in this subsection,
79 12 \$38,115 shall be used by the department in implementing
79 13 the recommendations in the final report submitted by the
79 14 direct care worker advisory council to the governor and the
79 15 general assembly in March 2012, including by continuing to
79 16 develop, promote, and make available on a statewide basis the
79 17 prepare-to-care core curriculum and its associated modules
79 18 and specialties through various formats including online
79 19 access, community colleges, and other venues; exploring new and
79 20 maintaining existing specialties including but not limited to
79 21 oral health and dementia care; supporting instructor training;
79 22 and assessing and making recommendations concerning the Iowa
79 23 care book and information technology systems and infrastructure
79 24 uses and needs.

79 25 g. Of the funds appropriated in this subsection, \$95,594
79 26 shall be allocated for continuation of the contract with
79 27 an independent statewide direct care worker organization
79 28 previously selected through a request for proposals process.
79 29 The contract shall continue to include performance and outcomes
79 30 measures, and shall continue to allow the contractor to use a
79 31 portion of the funds received under the contract to collect
79 32 data to determine results based on the performance and outcomes
79 33 measures.

79 34 h. Of the funds appropriated in this subsection, the
79 35 department may use up to \$29,087 for up to one full-time
80 1 equivalent position to administer the volunteer health care
80 2 provider program pursuant to section 135.24.

80 3 i. Of the funds appropriated in this subsection, \$48,069
80 4 shall be used for a matching dental education loan repayment
80 5 program to be allocated to a dental nonprofit health service
80 6 corporation to continue to develop the criteria and implement
80 7 the loan repayment program.

80 8 j. Of the funds appropriated in this subsection, \$26,455 is
80 9 transferred to the college student aid commission for deposit
80 10 in the rural Iowa primary care trust fund created in section
80 11 261.113 to be used for the purposes of the fund.

80 12 k. Of the funds appropriated in this subsection, \$75,000
80 13 shall be used for the purposes of the Iowa donor registry as
80 14 specified in section 142C.18.

80 15 l. Of the funds appropriated in this subsection, \$48,069
80 16 shall be used for continuation of a grant to a nationally
80 17 affiliated volunteer eye organization that has an established
80 18 program for children and adults and that is solely dedicated to
80 19 preserving sight and preventing blindness through education,
80 20 nationally certified vision screening and training, and
80 21 community and patient service programs. The organization
80 22 shall submit a report to the individuals identified in this
80 23 Act for submission of reports regarding the use of funds
80 24 allocated under this paragraph "l". The report shall include
80 25 the objectives and results for the program year including
80 26 the target population and how the funds allocated assisted
80 27 the program in meeting the objectives; the number, age, and
80 28 location within the state of individuals served; the type of
80 29 services provided to the individuals served; the distribution
80 30 of funds based on services provided; and the continuing needs
80 31 of the program.

80 32 m. Of the funds appropriated in this subsection, \$436,327
80 33 shall be deposited in the medical residency training account
80 34 created in section 135.175, subsection 5, paragraph "a", and
80 35 is appropriated from the account to the department of public
81 1 health to be used for the purposes of the medical residency
81 2 training state matching grants program as specified in section
81 3 135.176.

81 4 5. ESSENTIAL PUBLIC HEALTH SERVICES

81 5 To provide public health services that reduce risks and
81 6 invest in promoting and protecting good health over the
81 7 course of a lifetime with a priority given to older Iowans and
81 8 vulnerable populations:

81 9 \$ 4,098,939

81 10 6. INFECTIOUS DISEASES

81 11 For reducing the incidence and prevalence of communicable

81 12 diseases, and for not more than the following full-time
 81 13 equivalent positions:
 81 14 \$ 823,213
 81 15 FTEs 4.00
 81 16 7. PUBLIC PROTECTION
 81 17 For protecting the health and safety of the public through
 81 18 establishing standards and enforcing regulations, and for not
 81 19 more than the following full-time equivalent positions:
 81 20 \$ 2,097,569
 81 21 FTEs 138.00
 81 22 a. Of the funds appropriated in this subsection, not more
 81 23 than \$152,350 shall be credited to the emergency medical
 81 24 services fund created in section 135.25. Moneys in the
 81 25 emergency medical services fund are appropriated to the
 81 26 department to be used for the purposes of the fund.
 81 27 b. Of the funds appropriated in this subsection, up
 81 28 to \$121,630 shall be used for sexual violence prevention
 81 29 programming through a statewide organization representing
 81 30 programs serving victims of sexual violence through the
 81 31 department's sexual violence prevention program, and for
 81 32 continuation of a training program for sexual assault
 81 33 response team (SART) members, including representatives of
 81 34 law enforcement, victim advocates, prosecutors, and certified
 81 35 medical personnel. The amount allocated in this paragraph "b"
 82 1 shall not be used to supplant funding administered for other
 82 2 sexual violence prevention or victims assistance programs.
 82 3 c. Of the funds appropriated in this subsection, up to
 82 4 \$287,813 shall be used for the state poison control center.
 82 5 Pursuant to the directive under 2014 Iowa Acts, chapter
 82 6 1140, section 102, the federal matching funds available to
 82 7 the state poison control center from the department of human
 82 8 services under the federal Children's Health Insurance Program
 82 9 Reauthorization Act allotment shall be subject to the federal
 82 10 administrative cap rule of 10 percent applicable to funding
 82 11 provided under Tit.XXI of the federal Social Security Act and
 82 12 included within the department's calculations of the cap.
 82 13 d. Of the funds appropriated in this subsection, up to
 82 14 \$258,491 shall be used for childhood lead poisoning provisions.
 82 15 8. RESOURCE MANAGEMENT
 82 16 For establishing and sustaining the overall ability of the
 82 17 department to deliver services to the public, and for not more
 82 18 than the following full-time equivalent positions:
 82 19 \$ 485,607
 82 20 FTEs 4.00
 82 21 9. MISCELLANEOUS PROVISIONS
 82 22 The university of Iowa hospitals and clinics under the
 82 23 control of the state board of regents shall not receive
 82 24 indirect costs from the funds appropriated in this section.

82 25 The university of Iowa hospitals and clinics billings to the
82 26 department shall be on at least a quarterly basis.

82 27 10. GENERAL REDUCTION

82 28 For the period beginning July 1, 2018, and ending June 30,
82 29 2019, the department of public health, in consultation with
82 30 the department of management, shall identify and implement a
82 31 reduction in expenditures made from appropriations from the
82 32 general fund of the state to the department of public health in
82 33 the amount of \$640,683.

82 34 11. TRANSFERS

82 35 Notwithstanding section 8.39, for the fiscal year beginning
83 1 July 1, 2018, the department may transfer funds within or
83 2 between any of the allocations or appropriations made in this
83 3 division of this Act for the same fiscal year, to be used in
83 4 accordance with departmental priorities as specified in the
83 5 department's report to the general assembly submitted pursuant
83 6 to 2016 Iowa Acts, chapter 1139, section 3. The department
83 7 shall report any such transfers to the individuals specified
83 8 in this Act for submission of reports. This subsection shall
83 9 not be construed to prohibit the use of existing state transfer
83 10 authority for other purposes.

83 11 DIVISION X

83 12 DEPARTMENT OF VETERANS AFFAIRS — FY 2018-2019

83 13 Sec. 43. DEPARTMENT OF VETERANS AFFAIRS. There is
83 14 appropriated from the general fund of the state to the
83 15 department of veterans affairs for the fiscal year beginning
83 16 July 1, 2018, and ending June 30, 2019, the following amounts,
83 17 or so much thereof as is necessary, to be used for the purposes
83 18 designated:

83 19 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

83 20 For salaries, support, maintenance, and miscellaneous
83 21 purposes, and for not more than the following full-time
83 22 equivalent positions:

83 23	.....	\$	571,278
83 24	..... FTEs		15.00

83 25 2. IOWA VETERANS HOME

83 26 For salaries, support, maintenance, and miscellaneous
83 27 purposes:

83 28	\$	3,614,070
-------	-------	----	-----------

83 29 a. The Iowa veterans home billings involving the department
83 30 of human services shall be submitted to the department on at
83 31 least a monthly basis.

83 32 b. Within available resources and in conformance with
83 33 associated state and federal program eligibility requirements,
83 34 the Iowa veterans home may implement measures to provide
83 35 financial assistance to or on behalf of veterans or their
84 1 spouses who are participating in the community reentry program.

84 2 c. The Iowa veterans home expenditure report shall be

84 3 submitted monthly to the legislative services agency.
84 4 d. The Iowa veterans home shall continue to include in the
84 5 annual discharge report applicant information and to provide
84 6 for the collection of demographic information including but not
84 7 limited to the number of individuals applying for admission and
84 8 admitted or denied admittance and the basis for the admission
84 9 or denial; the age, gender, and race of such individuals;
84 10 and the level of care for which such individuals applied for
84 11 admission including residential or nursing level of care.
84 12 3. HOME OWNERSHIP ASSISTANCE PROGRAM
84 13 For transfer to the Iowa finance authority for the
84 14 continuation of the home ownership assistance program for
84 15 persons who are or were eligible members of the armed forces of
84 16 the United States, pursuant to section 16.54:
84 17 \$ 1,000,000
84 18 Sec. 44. LIMITATION OF COUNTY COMMISSIONS OF VETERAN
84 19 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
84 20 standing appropriation in section 35A.16 for the fiscal year
84 21 beginning July 1, 2018, and ending June 30, 2019, the amount
84 22 appropriated from the general fund of the state pursuant to
84 23 that section for the following designated purposes shall not
84 24 exceed the following amount:
84 25 For the county commissions of veteran affairs fund under
84 26 section 35A.16:
84 27 \$ 473,962
84 28 DIVISION XI
84 29 DEPARTMENT OF HUMAN SERVICES — FY 2018-2019
84 30 Sec. 45. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
84 31 GRANT. There is appropriated from the fund created in section
84 32 8.41 to the department of human services for the fiscal year
84 33 beginning July 1, 2018, and ending June 30, 2019, from moneys
84 34 received under the federal temporary assistance for needy
84 35 families (TANF) block grant pursuant to the federal Personal
85 1 Responsibility and Work Opportunity Reconciliation Act of 1996,
85 2 Pub.L.No.104-193, and successor legislation, the following
85 3 amounts, or so much thereof as is necessary, to be used for the
85 4 purposes designated:
85 5 1. To be credited to the family investment program account
85 6 and used for assistance under the family investment program
85 7 under chapter 239B:
85 8 \$ 2,556,231
85 9 2. To be credited to the family investment program account
85 10 and used for the job opportunities and basic skills (JOBS)
85 11 program and implementing family investment agreements in
85 12 accordance with chapter 239B:
85 13 \$ 2,787,846
85 14 3. To be used for the family development and
85 15 self-sufficiency grant program in accordance with section

85 16 216A.107:

85 17 \$ 1,449,490

85 18 Notwithstanding section 8.33, moneys appropriated in this

85 19 subsection that remain unencumbered or unobligated at the close

85 20 of the fiscal year shall not revert but shall remain available

85 21 for expenditure for the purposes designated until the close of

85 22 the succeeding fiscal year. However, unless such moneys are

85 23 encumbered or obligated on or before September 30, 2019, the

85 24 moneys shall revert.

85 25 4. For field operations:

85 26 \$ 15,648,116

85 27 5. For general administration:

85 28 \$ 1,872,000

85 29 6. For state child care assistance:

85 30 \$ 23,933,413

85 31 a. Of the funds appropriated in this subsection,

85 32 \$13,164,048 is transferred to the child care and development

85 33 block grant appropriation made by the Eighty-seventh General

85 34 Assembly, 2018 session, for the federal fiscal year beginning

85 35 October 1, 2018, and ending September 30, 2019. Of this

86 1 amount, \$100,000 shall be used for provision of educational

86 2 opportunities to registered child care home providers in order

86 3 to improve services and programs offered by this category

86 4 of providers and to increase the number of providers. The

86 5 department may contract with institutions of higher education

86 6 or child care resource and referral centers to provide

86 7 the educational opportunities. Allowable administrative

86 8 costs under the contracts shall not exceed 5 percent. The

86 9 application for a grant shall not exceed two pages in length.

86 10 b. Any funds appropriated in this subsection remaining

86 11 unallocated shall be used for state child care assistance

86 12 payments for families who are employed including but not

86 13 limited to individuals enrolled in the family investment

86 14 program.

86 15 7. For child and family services:

86 16 \$ 16,190,327

86 17 8. For child abuse prevention grants:

86 18 \$ 62,500

86 19 9. For pregnancy prevention grants on the condition that

86 20 family planning services are funded:

86 21 \$ 965,033

86 22 Pregnancy prevention grants shall be awarded to programs

86 23 in existence on or before July 1, 2018, if the programs have

86 24 demonstrated positive outcomes. Grants shall be awarded to

86 25 pregnancy prevention programs which are developed after July

86 26 1, 2018, if the programs are based on existing models that

86 27 have demonstrated positive outcomes. Grants shall comply with

86 28 the requirements provided in 1997 Iowa Acts, chapter 208,

86 29 section 14, subsections 1 and 2, including the requirement that
86 30 grant programs must emphasize sexual abstinence. Priority in
86 31 the awarding of grants shall be given to programs that serve
86 32 areas of the state which demonstrate the highest percentage of
86 33 unplanned pregnancies of females of childbearing age within the
86 34 geographic area to be served by the grant.

86 35 10. For technology needs and other resources necessary
87 1 to meet federal welfare reform reporting, tracking, and case
87 2 management requirements:

87 3 \$ 518,593

87 4 11. a. Notwithstanding any provision to the contrary,
87 5 including but not limited to requirements in section 8.41 or
87 6 provisions in 2017 or 2018 Iowa Acts regarding the receipt and
87 7 appropriation of federal block grants, federal funds from the
87 8 temporary assistance for needy families block grant received by
87 9 the state and not otherwise appropriated in this section and
87 10 remaining available for the fiscal year beginning July 1, 2018,
87 11 are appropriated to the department of human services to the
87 12 extent as may be necessary to be used in the following priority
87 13 order: the family investment program, for state child care
87 14 assistance program payments for families who are employed, and
87 15 for the family investment program share of costs to develop and
87 16 maintain a new, integrated eligibility determination system.
87 17 The federal funds appropriated in this paragraph "a" shall be
87 18 expended only after all other funds appropriated in subsection
87 19 1 for assistance under the family investment program, in
87 20 subsection 6 for child care assistance, or in subsection 10
87 21 for technology costs related to the family investment program,
87 22 as applicable, have been expended. For the purposes of this
87 23 subsection, the funds appropriated in subsection 6, paragraph
87 24 "a", for transfer to the child care and development block grant
87 25 appropriation are considered fully expended when the full
87 26 amount has been transferred.

87 27 b. The department shall, on a quarterly basis, advise the
87 28 legislative services agency and department of management of
87 29 the amount of funds appropriated in this subsection that was
87 30 expended in the prior quarter.

87 31 12. Of the amounts appropriated in this section, \$6,481,004
87 32 for the fiscal year beginning July 1, 2018, is transferred to
87 33 the appropriation of the federal social services block grant
87 34 made to the department of human services for that fiscal year.

87 35 13. For continuation of the program providing categorical
88 1 eligibility for the food assistance program as specified
88 2 for the program in the section of this division of this Act
88 3 relating to the family investment program account:

88 4 \$ 12,500

88 5 14. The department may transfer funds allocated in this
88 6 section to the appropriations made in this division of this Act

88 7 for the same fiscal year for general administration and field
88 8 operations for resources necessary to implement and operate the
88 9 services referred to in this section and those funded in the
88 10 appropriation made in this division of this Act for the same
88 11 fiscal year for the family investment program from the general
88 12 fund of the state.

88 13 15. With the exception of moneys allocated under this
88 14 section for the family development and self-sufficiency grant
88 15 program, to the extent moneys allocated in this section are
88 16 deemed by the department not to be necessary to support the
88 17 purposes for which they are allocated, such moneys may be
88 18 credited to the family investment program account as specified
88 19 under subsection 1 of this section and used for the purposes of
88 20 assistance under the family investment program under chapter
88 21 239B in the same fiscal year.

88 22 Sec. 46. FAMILY INVESTMENT PROGRAM ACCOUNT.

88 23 1. Moneys credited to the family investment program (FIP)
88 24 account for the fiscal year beginning July 1, 2018, and
88 25 ending June 30, 2019, shall be used to provide assistance in
88 26 accordance with chapter 239B.

88 27 2. The department may use a portion of the moneys credited
88 28 to the FIP account under this section as necessary for
88 29 salaries, support, maintenance, and miscellaneous purposes.

88 30 3. The department may transfer funds allocated in
88 31 subsection 4 to the appropriations made in this division of
88 32 this Act for the same fiscal year for general administration
88 33 and field operations for resources necessary to implement and
88 34 operate the family investment program services referred to in
88 35 this section and those funded in the appropriation made in this
89 1 division of this Act for the same fiscal year for the family
89 2 investment program from the general fund of the state.

89 3 4. Moneys appropriated in this division of this Act and
89 4 credited to the FIP account for the fiscal year beginning July
89 5 1, 2018, and ending June 30, 2019, are allocated as follows:

89 6 a. To be retained by the department of human services to
89 7 be used for coordinating with the department of human rights
89 8 to more effectively serve participants in FIP and other shared
89 9 clients and to meet federal reporting requirements under the
89 10 federal temporary assistance for needy families block grant:

89 11 \$ 10,000

89 12 b. To the department of human rights for staffing,
89 13 administration, and implementation of the family development
89 14 and self-sufficiency grant program in accordance with section
89 15 216A.107:

89 16 \$ 3,096,417

89 17 (1) Of the funds allocated for the family development
89 18 and self-sufficiency grant program in this paragraph "b",
89 19 not more than 5 percent of the funds shall be used for the

89 20 administration of the grant program.

89 21 (2) The department of human rights may continue to implement

89 22 the family development and self-sufficiency grant program

89 23 statewide during fiscal year 2018-2019.

89 24 (3) The department of human rights may engage in activities

89 25 to strengthen and improve family outcomes measures and

89 26 data collection systems under the family development and

89 27 self-sufficiency grant program.

89 28 c. For the diversion subaccount of the FIP account:

89 29 \$ 407,500

89 30 A portion of the moneys allocated for the subaccount may

89 31 be used for field operations, salaries, data management

89 32 system development, and implementation costs and support

89 33 deemed necessary by the director of human services in order to

89 34 administer the FIP diversion program. To the extent moneys

89 35 allocated in this paragraph "c" are deemed by the department

90 1 not to be necessary to support diversion activities, such

90 2 moneys may be used for other efforts intended to increase

90 3 engagement by family investment program participants in work,

90 4 education, or training activities, or for the purposes of

90 5 assistance under the family investment program in accordance

90 6 with chapter 239B.

90 7 d. For the food assistance employment and training program:

90 8 \$ 33,294

90 9 (1) The department shall apply the federal supplemental

90 10 nutrition assistance program (SNAP) employment and training

90 11 state plan in order to maximize to the fullest extent permitted

90 12 by federal law the use of the 50 percent federal reimbursement

90 13 provisions for the claiming of allowable federal reimbursement

90 14 funds from the United States department of agriculture

90 15 pursuant to the federal SNAP employment and training program

90 16 for providing education, employment, and training services

90 17 for eligible food assistance program participants, including

90 18 but not limited to related dependent care and transportation

90 19 expenses.

90 20 (2) The department shall continue the categorical federal

90 21 food assistance program eligibility at 160 percent of the

90 22 federal poverty level and continue to eliminate the asset test

90 23 from eligibility requirements, consistent with federal food

90 24 assistance program requirements. The department shall include

90 25 as many food assistance households as is allowed by federal

90 26 law. The eligibility provisions shall conform to all federal

90 27 requirements including requirements addressing individuals who

90 28 are incarcerated or otherwise ineligible.

90 29 e. For the JOBS program:

90 30 \$ 6,761,645

90 31 5. Of the child support collections assigned under FIP,

90 32 an amount equal to the federal share of support collections

90 33 shall be credited to the child support recovery appropriation
90 34 made in this division of this Act. Of the remainder of the
90 35 assigned child support collections received by the child
91 1 support recovery unit, a portion shall be credited to the FIP
91 2 account, a portion may be used to increase recoveries, and a
91 3 portion may be used to sustain cash flow in the child support
91 4 payments account. If as a consequence of the appropriations
91 5 and allocations made in this section the resulting amounts
91 6 are insufficient to sustain cash assistance payments and meet
91 7 federal maintenance of effort requirements, the department
91 8 shall seek supplemental funding. If child support collections
91 9 assigned under FIP are greater than estimated or are otherwise
91 10 determined not to be required for maintenance of effort, the
91 11 state share of either amount may be transferred to or retained
91 12 in the child support payments account.

91 13 6. The department may adopt emergency rules for the family
91 14 investment, JOBS, food assistance, and medical assistance
91 15 programs if necessary to comply with federal requirements.

91 16 Sec. 47. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
91 17 is appropriated from the general fund of the state to the
91 18 department of human services for the fiscal year beginning July
91 19 1, 2018, and ending June 30, 2019, the following amount, or
91 20 so much thereof as is necessary, to be used for the purpose
91 21 designated:

91 22 To be credited to the family investment program (FIP)
91 23 account and used for family investment program assistance under
91 24 chapter 239B:

91 25 \$ 21,502,240

91 26 1. Of the funds appropriated in this section, \$3,973,798 is
91 27 allocated for the JOBS program.

91 28 2. Of the funds appropriated in this section, \$1,656,927 is
91 29 allocated for the family development and self-sufficiency grant
91 30 program.

91 31 3. Notwithstanding section 8.39, for the fiscal year
91 32 beginning July 1, 2018, if necessary to meet federal
91 33 maintenance of effort requirements or to transfer federal
91 34 temporary assistance for needy families block grant funding
91 35 to be used for purposes of the federal social services block
92 1 grant or to meet cash flow needs resulting from delays in
92 2 receiving federal funding or to implement, in accordance with
92 3 this division of this Act, activities currently funded with
92 4 juvenile court services, county, or community moneys and state
92 5 moneys used in combination with such moneys; to comply with
92 6 federal requirements; or to maximize the use of federal funds,
92 7 the department of human services may transfer funds within or
92 8 between any of the appropriations made in this division of this
92 9 Act and appropriations in law for the federal social services
92 10 block grant to the department for the following purposes,

92 11 provided that the combined amount of state and federal
 92 12 temporary assistance for needy families block grant funding
 92 13 for each appropriation remains the same before and after the
 92 14 transfer:

- 92 15 a. For the family investment program.
- 92 16 b. For child care assistance.
- 92 17 c. For child and family services.
- 92 18 d. For field operations.
- 92 19 e. For general administration.

92 20 This subsection shall not be construed to prohibit the use
 92 21 of existing state transfer authority for other purposes. The
 92 22 department shall report any transfers made pursuant to this
 92 23 subsection to the legislative services agency.

92 24 4. Of the funds appropriated in this section, \$97,839 shall
 92 25 be used for continuation of a grant to an Iowa-based nonprofit
 92 26 organization with a history of providing tax preparation
 92 27 assistance to low-income Iowans in order to expand the usage of
 92 28 the earned income tax credit. The purpose of the grant is to
 92 29 supply this assistance to underserved areas of the state.

92 30 5. Of the funds appropriated in this section, \$30,000 shall
 92 31 be used for the continuation of an unfunded pilot project, as
 92 32 defined in 441 IAC 100.1, relating to parental obligations,
 92 33 in which the child support recovery unit participates, to
 92 34 support the efforts of a nonprofit organization committed
 92 35 to strengthening the community through youth development,
 93 1 healthy living, and social responsibility headquartered in
 93 2 a county with a population over 350,000 according to the
 93 3 latest certified federal census. The funds allocated in this
 93 4 subsection shall be used by the recipient organization to
 93 5 develop a larger community effort, through public and private
 93 6 partnerships, to support a broad-based multi-county fatherhood
 93 7 initiative that promotes payment of child support obligations,
 93 8 improved family relationships, and full-time employment.

93 9 6. The department may transfer funds appropriated in this
 93 10 section to the appropriations made in this division of this Act
 93 11 for general administration and field operations as necessary
 93 12 to administer this section and the overall family investment
 93 13 program.

93 14 Sec. 48. CHILD SUPPORT RECOVERY. There is appropriated
 93 15 from the general fund of the state to the department of human
 93 16 services for the fiscal year beginning July 1, 2018, and ending
 93 17 June 30, 2019, the following amount, or so much thereof as is
 93 18 necessary, to be used for the purposes designated:

93 19 For child support recovery, including salaries, support,
 93 20 maintenance, and miscellaneous purposes, and for not more than
 93 21 the following full-time equivalent positions:

93 22	.....	\$	6,293,317
93 23	.....	FTEs	459.00

93 24 1. The department shall expend up to \$12,164, including
93 25 federal financial participation, for the fiscal year beginning
93 26 July 1, 2018, for a child support public awareness campaign.
93 27 The department and the office of the attorney general shall
93 28 cooperate in continuation of the campaign. The public
93 29 awareness campaign shall emphasize, through a variety of
93 30 media activities, the importance of maximum involvement of
93 31 both parents in the lives of their children as well as the
93 32 importance of payment of child support obligations.

93 33 2. Federal access and visitation grant moneys shall be
93 34 issued directly to private not-for-profit agencies that provide
93 35 services designed to increase compliance with the child access
94 1 provisions of court orders, including but not limited to
94 2 neutral visitation sites and mediation services.

94 3 3. The appropriation made to the department for child
94 4 support recovery may be used throughout the fiscal year in the
94 5 manner necessary for purposes of cash flow management, and for
94 6 cash flow management purposes the department may temporarily
94 7 draw more than the amount appropriated, provided the amount
94 8 appropriated is not exceeded at the close of the fiscal year.

94 9 4. With the exception of the funding amount specified, the
94 10 requirements established under 2001 Iowa Acts, chapter 191,
94 11 section 3, subsection 5, paragraph "c", subparagraph (3), shall
94 12 be applicable to parental obligation pilot projects for the
94 13 fiscal year beginning July 1, 2018, and ending June 30, 2019.
94 14 Notwithstanding 441 IAC 100.8, providing for termination of
94 15 rules relating to the pilot projects, the rules shall remain
94 16 in effect until June 30, 2019.

94 17 Sec. 49. HEALTH CARE TRUST FUND — MEDICAL ASSISTANCE —
94 18 FY 2018-2019. Any funds remaining in the health care trust
94 19 fund created in section 453A.35A for the fiscal year beginning
94 20 July 1, 2018, and ending June 30, 2019, are appropriated to
94 21 the department of human services to supplement the medical
94 22 assistance program appropriations made in this division of this
94 23 Act, for medical assistance reimbursement and associated costs,
94 24 including program administration and costs associated with
94 25 program implementation.

94 26 Sec. 50. MEDICAID FRAUD FUND — MEDICAL ASSISTANCE — FY
94 27 2018-2019. Any funds remaining in the Medicaid fraud fund
94 28 created in section 249A.50 for the fiscal year beginning
94 29 July 1, 2018, and ending June 30, 2019, are appropriated to
94 30 the department of human services to supplement the medical
94 31 assistance appropriations made in this division of this Act,
94 32 for medical assistance reimbursement and associated costs,
94 33 including program administration and costs associated with
94 34 program implementation.

94 35 Sec. 51. MEDICAL ASSISTANCE. There is appropriated from the
95 1 general fund of the state to the department of human services

95 2 for the fiscal year beginning July 1, 2018, and ending June 30,
95 3 2019, the following amount, or so much thereof as is necessary,
95 4 to be used for the purpose designated:
95 5 For medical assistance program reimbursement and associated
95 6 costs as specifically provided in the reimbursement
95 7 methodologies in effect on June 30, 2018, except as otherwise
95 8 expressly authorized by law, consistent with options under
95 9 federal law and regulations, and contingent upon receipt of
95 10 approval from the office of the governor of reimbursement for
95 11 each abortion performed under the program:
95 12 \$ 642,202,870
95 13 1. Iowans support reducing the number of abortions
95 14 performed in our state. Funds appropriated under this section
95 15 shall not be used for abortions, unless otherwise authorized
95 16 under this section.
95 17 2. The provisions of this section relating to abortions
95 18 shall also apply to the Iowa health and wellness plan created
95 19 pursuant to chapter 249N.
95 20 3. The department shall utilize not more than \$30,000 of
95 21 the funds appropriated in this section to continue the AIDS/HIV
95 22 health insurance premium payment program as established in 1992
95 23 Iowa Acts, Second Extraordinary Session, chapter 1001, section
95 24 409, subsection 6. Of the funds allocated in this subsection,
95 25 not more than \$2,500 may be expended for administrative
95 26 purposes.
95 27 4. Of the funds appropriated in this Act to the department
95 28 of public health for addictive disorders, \$475,000 for
95 29 the fiscal year beginning July 1, 2018, is transferred
95 30 to the department of human services for an integrated
95 31 substance-related disorder managed care system. The
95 32 departments of human services and public health shall
95 33 work together to maintain the level of mental health and
95 34 substance-related disorder treatment services provided by the
95 35 managed care contractors. Each department shall take the steps
96 1 necessary to continue the federal waivers as necessary to
96 2 maintain the level of services.
96 3 5. a. The department shall aggressively pursue options for
96 4 providing medical assistance or other assistance to individuals
96 5 with special needs who become ineligible to continue receiving
96 6 services under the early and periodic screening, diagnostic,
96 7 and treatment program under the medical assistance program
96 8 due to becoming 21 years of age who have been approved for
96 9 additional assistance through the department's exception to
96 10 policy provisions, but who have health care needs in excess
96 11 of the funding available through the exception to policy
96 12 provisions.
96 13 b. Of the funds appropriated in this section, \$50,000
96 14 shall be used for participation in one or more pilot projects

96 15 operated by a private provider to allow the individual or
96 16 individuals to receive service in the community in accordance
96 17 with principles established in *Olmstead v.L.C.*, 527 U.S.581
96 18 (1999), for the purpose of providing medical assistance or
96 19 other assistance to individuals with special needs who become
96 20 ineligible to continue receiving services under the early and
96 21 periodic screening, diagnostic, and treatment program under
96 22 the medical assistance program due to becoming 21 years of
96 23 age who have been approved for additional assistance through
96 24 the department's exception to policy provisions, but who have
96 25 health care needs in excess of the funding available through
96 26 the exception to the policy provisions.

96 27 6. Of the funds appropriated in this section, up to
96 28 \$1,525,041 may be transferred to the field operations or
96 29 general administration appropriations in this division of this
96 30 Act for operational costs associated with Part D of the federal
96 31 Medicare Prescription Drug Improvement and Modernization Act
96 32 of 2003, Pub.L.No.108-173.

96 33 7. Of the funds appropriated in this section, up to \$221,050
96 34 may be transferred to the appropriation in this division
96 35 of this Act for medical contracts to be used for clinical
97 1 assessment services and prior authorization of services.

97 2 8. A portion of the funds appropriated in this section
97 3 may be transferred to the appropriations in this division of
97 4 this Act for general administration, medical contracts, the
97 5 children's health insurance program, or field operations to be
97 6 used for the state match cost to comply with the payment error
97 7 rate measurement (PERM) program for both the medical assistance
97 8 and children's health insurance programs as developed by the
97 9 centers for Medicare and Medicaid services of the United States
97 10 department of health and human services to comply with the
97 11 federal Improper Payments Information Act of 2002, Pub.L.No.
97 12 107-300.

97 13 9. The department shall continue to implement the
97 14 recommendations of the assuring better child health and
97 15 development initiative II (ABCDII) clinical panel to the
97 16 Iowa early and periodic screening, diagnostic, and treatment
97 17 services healthy mental development collaborative board
97 18 regarding changes to billing procedures, codes, and eligible
97 19 service providers.

97 20 10. Of the funds appropriated in this section, a sufficient
97 21 amount is allocated to supplement the incomes of residents of
97 22 nursing facilities, intermediate care facilities for persons
97 23 with mental illness, and intermediate care facilities for
97 24 persons with an intellectual disability, with incomes of less
97 25 than \$50 in the amount necessary for the residents to receive a
97 26 personal needs allowance of \$50 per month pursuant to section
97 27 249A.30A.

97 28 11. a. Hospitals that meet the conditions specified
97 29 in subparagraphs (1) and (2) shall either certify public
97 30 expenditures or transfer to the medical assistance program
97 31 an amount equal to provide the nonfederal share for a
97 32 disproportionate share hospital payment in an amount up to the
97 33 hospital-specific limit as approved in the Medicaid state plan.
97 34 The hospitals that meet the conditions specified shall receive
97 35 and retain 100 percent of the total disproportionate share
98 1 hospital payment in an amount up to the hospital-specific limit
98 2 as approved in the Medicaid state plan.
98 3 (1) The hospital qualifies for disproportionate share and
98 4 graduate medical education payments.
98 5 (2) The hospital is an Iowa state-owned hospital with more
98 6 than 500 beds and eight or more distinct residency specialty
98 7 or subspecialty programs recognized by the American college of
98 8 graduate medical education.
98 9 b. Distribution of the disproportionate share payments
98 10 shall be made on a monthly basis. The total amount of
98 11 disproportionate share payments including graduate medical
98 12 education, enhanced disproportionate share, and Iowa
98 13 state-owned teaching hospital payments shall not exceed the
98 14 amount of the state's allotment under Pub.L.No.102-234.
98 15 In addition, the total amount of all disproportionate
98 16 share payments shall not exceed the hospital-specific
98 17 disproportionate share limits under Pub.L.No.103-66.
98 18 12. One hundred percent of the nonfederal share of payments
98 19 to area education agencies that are medical assistance
98 20 providers for medical assistance-covered services provided to
98 21 medical assistance-covered children, shall be made from the
98 22 appropriation made in this section.
98 23 13. A portion of the funds appropriated in this section
98 24 may be transferred to the appropriation in this division of
98 25 this Act for medical contracts to be used for administrative
98 26 activities associated with the money follows the person
98 27 demonstration project.
98 28 14. Of the funds appropriated in this section, \$174,505
98 29 shall be used for the administration of the health insurance
98 30 premium payment program, including salaries, support,
98 31 maintenance, and miscellaneous purposes.
98 32 15. a. The department may increase the amounts allocated
98 33 for salaries, support, maintenance, and miscellaneous purposes
98 34 associated with the medical assistance program, as necessary,
98 35 to implement cost containment strategies. The department shall
99 1 report any such increase to the legislative services agency and
99 2 the department of management.
99 3 b. If the savings to the medical assistance program from
99 4 cost containment efforts exceed the cost for the fiscal
99 5 year beginning July 1, 2018, the department may transfer any

99 6 savings generated for the fiscal year due to medical assistance
99 7 program cost containment efforts to the appropriation
99 8 made in this division of this Act for medical contracts or
99 9 general administration to defray the increased contract costs
99 10 associated with implementing such efforts.
99 11 16. For the fiscal year beginning July 1, 2018, and ending
99 12 June 30, 2019, the replacement generation tax revenues required
99 13 to be deposited in the property tax relief fund pursuant to
99 14 section 437A.8, subsection 4, paragraph "d", and section
99 15 437A.15, subsection 3, paragraph "f", shall instead be credited
99 16 to and supplement the appropriation made in this section and
99 17 used for the allocations made in this section.
99 18 17. a. Of the funds appropriated in this section, up
99 19 to \$25,000 may be transferred by the department to the
99 20 appropriation made in this division of this Act to the
99 21 department for the same fiscal year for general administration
99 22 to be used for associated administrative expenses and for not
99 23 more than one full-time equivalent position, in addition to
99 24 those authorized for the same fiscal year, to be assigned to
99 25 implementing the children's mental health home project.
99 26 b. Of the funds appropriated in this section, up to \$200,000
99 27 may be transferred by the department to the appropriation made
99 28 to the department in this division of this Act for the same
99 29 fiscal year for Medicaid program-related general administration
99 30 planning and implementation activities. The funds may be used
99 31 for contracts or for personnel in addition to the amounts
99 32 appropriated for and the positions authorized for general
99 33 administration for the fiscal year.
99 34 c. Of the funds appropriated in this section, up to
99 35 \$1,500,000 may be transferred by the department to the
100 1 appropriations made in this division of this Act for the same
100 2 fiscal year for general administration or medical contracts
100 3 to be used to support the development and implementation of
100 4 standardized assessment tools for persons with mental illness,
100 5 an intellectual disability, a developmental disability, or a
100 6 brain injury.
100 7 18. Of the funds appropriated in this section, \$75,000
100 8 shall be used for lodging expenses associated with care
100 9 provided at the university of Iowa hospitals and clinics for
100 10 patients with cancer whose travel distance is 30 miles or more
100 11 and whose income is at or below 200 percent of the federal
100 12 poverty level as defined by the most recently revised poverty
100 13 income guidelines published by the United States department of
100 14 health and human services. The department of human services
100 15 shall establish the maximum number of overnight stays and the
100 16 maximum rate reimbursed for overnight lodging, which may be
100 17 based on the state employee rate established by the department
100 18 of administrative services. The funds allocated in this

100 19 subsection shall not be used as nonfederal share matching
100 20 funds.

100 21 19. Of the funds appropriated in this section, up to
100 22 \$1,691,940 shall be used for administration of the state
100 23 family planning services program as enacted in this 2017 Act,
100 24 and of this amount the department may use to up \$100,000 for
100 25 administrative expenses.

100 26 20. The department shall report the implementation of
100 27 any cost containment strategies to the individuals specified
100 28 in this division of this Act for submission of reports upon
100 29 implementation.

100 30 21. The department shall report the implementation of any
100 31 process improvement changes and any related cost reductions
100 32 to the individuals specified in this division of this Act for
100 33 submission of reports upon implementation.

100 34 Sec. 52. MEDICAL CONTRACTS. There is appropriated from the
100 35 general fund of the state to the department of human services
101 1 for the fiscal year beginning July 1, 2018, and ending June 30,
101 2 2019, the following amount, or so much thereof as is necessary,
101 3 to be used for the purpose designated:

101 4 For medical contracts:

101 5 \$ 8,813,232

101 6 1. The department of inspections and appeals shall
101 7 provide all state matching funds for survey and certification
101 8 activities performed by the department of inspections
101 9 and appeals. The department of human services is solely
101 10 responsible for distributing the federal matching funds for
101 11 such activities.

101 12 2. Of the funds appropriated in this section, \$25,000 shall
101 13 be used for continuation of home and community-based services
101 14 waiver quality assurance programs, including the review and
101 15 streamlining of processes and policies related to oversight and
101 16 quality management to meet state and federal requirements.

101 17 3. Of the amount appropriated in this section, up to
101 18 \$100,000 may be transferred to the appropriation for general
101 19 administration in this division of this Act to be used for
101 20 additional full-time equivalent positions in the development of
101 21 key health initiatives such as cost containment, development
101 22 and oversight of managed care programs, and development of
101 23 health strategies targeted toward improved quality and reduced
101 24 costs in the Medicaid program.

101 25 4. Of the funds appropriated in this section, \$500,000 shall
101 26 be used for planning and development, in cooperation with the
101 27 department of public health, of a phased-in program to provide
101 28 a dental home for children.

101 29 5. Of the funds appropriated in this section, \$475,000
101 30 shall be credited to the autism support program fund created
101 31 in section 225D.2 to be used for the autism support program

101 32 created in chapter 225D, with the exception of the following
101 33 amounts of this allocation which shall be used as follows:
101 34 a. Of the funds allocated in this subsection, \$125,000
101 35 shall be deposited in the board-certified behavior analyst and
102 1 board-certified assistant behavior analyst grants program fund
102 2 created in section 135.181, to be used for the purposes of the
102 3 fund.
102 4 b. Of the funds allocated in this subsection, \$12,500
102 5 shall be used for the public purpose of continuation of a
102 6 grant to a child welfare services provider headquartered in a
102 7 county with a population between 205,000 and 215,000 in the
102 8 latest certified federal census that provides multiple services
102 9 including but not limited to a psychiatric medical institution
102 10 for children, shelter, residential treatment, after school
102 11 programs, school-based programming, and an Asperger's syndrome
102 12 program, to be used for support services for children with
102 13 autism spectrum disorder and their families.
102 14 c. Of the funds allocated in this subsection, \$12,500
102 15 shall be used for the public purpose of continuing a grant to
102 16 a hospital-based provider headquartered in a county with a
102 17 population between 90,000 and 95,000 in the latest certified
102 18 federal census that provides multiple services including
102 19 but not limited to diagnostic, therapeutic, and behavioral
102 20 services to individuals with autism spectrum disorder across
102 21 one's lifespan. The grant recipient shall utilize the funds
102 22 to continue the pilot project to determine the necessary
102 23 support services for children with autism spectrum disorder and
102 24 their families to be included in the children's disabilities
102 25 services system. The grant recipient shall submit findings and
102 26 recommendations based upon the results of the pilot project
102 27 to the individuals specified in this division of this Act for
102 28 submission of reports by December 31, 2018.
102 29 Sec. 53. STATE SUPPLEMENTARY ASSISTANCE.
102 30 1. There is appropriated from the general fund of the
102 31 state to the department of human services for the fiscal year
102 32 beginning July 1, 2018, and ending June 30, 2019, the following
102 33 amount, or so much thereof as is necessary, to be used for the
102 34 purpose designated:
102 35 For the state supplementary assistance program:
103 1 \$ 5,186,329
103 2 2. The department shall increase the personal needs
103 3 allowance for residents of residential care facilities by the
103 4 same percentage and at the same time as federal supplemental
103 5 security income and federal social security benefits are
103 6 increased due to a recognized increase in the cost of living.
103 7 The department may adopt emergency rules to implement this
103 8 subsection.
103 9 3. If during the fiscal year beginning July 1, 2018,

103 10 the department projects that state supplementary assistance
103 11 expenditures for a calendar year will not meet the federal
103 12 pass-through requirement specified in Tit.XVI of the federal
103 13 Social Security Act, section 1618, as codified in 42 U.S.C.
103 14 §1382g, the department may take actions including but not
103 15 limited to increasing the personal needs allowance for
103 16 residential care facility residents and making programmatic
103 17 adjustments or upward adjustments of the residential care
103 18 facility or in-home health-related care reimbursement rates
103 19 prescribed in this division of this Act to ensure that federal
103 20 requirements are met. In addition, the department may make
103 21 other programmatic and rate adjustments necessary to remain
103 22 within the amount appropriated in this section while ensuring
103 23 compliance with federal requirements. The department may adopt
103 24 emergency rules to implement the provisions of this subsection.

103 25 Sec. 54. CHILDREN'S HEALTH INSURANCE PROGRAM.

103 26 1. There is appropriated from the general fund of the
103 27 state to the department of human services for the fiscal year
103 28 beginning July 1, 2018, and ending June 30, 2019, the following
103 29 amount, or so much thereof as is necessary, to be used for the
103 30 purpose designated:

103 31 For maintenance of the healthy and well kids in Iowa (hawk-i)
103 32 program pursuant to chapter 514I, including supplemental dental
103 33 services, for receipt of federal financial participation under
103 34 Tit.XXI of the federal Social Security Act, which creates the
103 35 children's health insurance program:

104 1 \$ 4,259,226

104 2 2. Of the funds appropriated in this section, \$21,400 is
104 3 allocated for continuation of the contract for outreach with
104 4 the department of public health.

104 5 Sec. 55. CHILD CARE ASSISTANCE. There is appropriated
104 6 from the general fund of the state to the department of human
104 7 services for the fiscal year beginning July 1, 2018, and ending
104 8 June 30, 2019, the following amount, or so much thereof as is
104 9 necessary, to be used for the purpose designated:

104 10 For child care programs:

104 11 \$ 19,671,808

104 12 1. Of the funds appropriated in this section, \$16,746,808
104 13 shall be used for state child care assistance in accordance
104 14 with section 237A.13.

104 15 2. Nothing in this section shall be construed or is
104 16 intended as or shall imply a grant of entitlement for services
104 17 to persons who are eligible for assistance due to an income
104 18 level consistent with the waiting list requirements of section
104 19 237A.13. Any state obligation to provide services pursuant to
104 20 this section is limited to the extent of the funds appropriated
104 21 in this section.

104 22 3. A list of the registered and licensed child care

104 23 facilities operating in the area served by a child care
104 24 resource and referral service shall be made available to the
104 25 families receiving state child care assistance in that area.
104 26 4. Of the funds appropriated in this section, \$2,925,000
104 27 shall be credited to the early childhood programs grants
104 28 account in the early childhood Iowa fund created in section
104 29 256I.11. The moneys shall be distributed for funding of
104 30 community-based early childhood programs targeted to children
104 31 from birth through five years of age developed by early
104 32 childhood Iowa areas in accordance with approved community
104 33 plans as provided in section 256I.8.
104 34 5. The department may use any of the funds appropriated
104 35 in this section as a match to obtain federal funds for use in
105 1 expanding child care assistance and related programs. For
105 2 the purpose of expenditures of state and federal child care
105 3 funding, funds shall be considered obligated at the time
105 4 expenditures are projected or are allocated to the department's
105 5 service areas. Projections shall be based on current and
105 6 projected caseload growth, current and projected provider
105 7 rates, staffing requirements for eligibility determination
105 8 and management of program requirements including data systems
105 9 management, staffing requirements for administration of the
105 10 program, contractual and grant obligations and any transfers
105 11 to other state agencies, and obligations for decategorization
105 12 or innovation projects.
105 13 6. A portion of the state match for the federal child care
105 14 and development block grant shall be provided as necessary to
105 15 meet federal matching funds requirements through the state
105 16 general fund appropriation made for child development grants
105 17 and other programs for at-risk children in section 279.51.
105 18 7. If a uniform reduction ordered by the governor under
105 19 section 8.31 or other operation of law, transfer, or federal
105 20 funding reduction reduces the appropriation made in this
105 21 section for the fiscal year, the percentage reduction in the
105 22 amount paid out to or on behalf of the families participating
105 23 in the state child care assistance program shall be equal to or
105 24 less than the percentage reduction made for any other purpose
105 25 payable from the appropriation made in this section and the
105 26 federal funding relating to it. The percentage reduction to
105 27 the other allocations made in this section shall be the same as
105 28 the uniform reduction ordered by the governor or the percentage
105 29 change of the federal funding reduction, as applicable.
105 30 If there is an unanticipated increase in federal funding
105 31 provided for state child care assistance, the entire amount
105 32 of the increase shall be used for state child care assistance
105 33 payments. If the appropriations made for purposes of the
105 34 state child care assistance program for the fiscal year are
105 35 determined to be insufficient, it is the intent of the general

106 1 assembly to appropriate sufficient funding for the fiscal year
106 2 in order to avoid establishment of waiting list requirements.
106 3 8. Notwithstanding section 8.33, moneys advanced for
106 4 purposes of the programs developed by early childhood Iowa
106 5 areas, advanced for purposes of wraparound child care, or
106 6 received from the federal appropriations made for the purposes
106 7 of this section that remain unencumbered or unobligated at the
106 8 close of the fiscal year shall not revert to any fund but shall
106 9 remain available for expenditure for the purposes designated
106 10 until the close of the succeeding fiscal year.
106 11 Sec. 56. JUVENILE INSTITUTION. There is appropriated
106 12 from the general fund of the state to the department of human
106 13 services for the fiscal year beginning July 1, 2018, and ending
106 14 June 30, 2019, the following amounts, or so much thereof as is
106 15 necessary, to be used for the purposes designated:
106 16 1. For operation of the state training school at Eldora and
106 17 for salaries, support, maintenance, and miscellaneous purposes,
106 18 and for not more than the following full-time equivalent
106 19 positions:
106 20 \$ 5,675,221
106 21 FTEs 189.00
106 22 Of the funds appropriated in this subsection, \$45,575 shall
106 23 be used for distribution to licensed classroom teachers at this
106 24 and other institutions under the control of the department of
106 25 human services based upon the average student yearly enrollment
106 26 at each institution as determined by the department.
106 27 2. A portion of the moneys appropriated in this section
106 28 shall be used by the state training school at Eldora for
106 29 grants for adolescent pregnancy prevention activities at the
106 30 institution in the fiscal year beginning July 1, 2018.
106 31 Sec. 57. CHILD AND FAMILY SERVICES.
106 32 1. There is appropriated from the general fund of the
106 33 state to the department of human services for the fiscal year
106 34 beginning July 1, 2018, and ending June 30, 2019, the following
106 35 amount, or so much thereof as is necessary, to be used for the
107 1 purpose designated:
107 2 For child and family services:
107 3 \$ 43,639,687
107 4 2. The department may transfer funds appropriated in this
107 5 section as necessary to pay the nonfederal costs of services
107 6 reimbursed under the medical assistance program, state child
107 7 care assistance program, or the family investment program which
107 8 are provided to children who would otherwise receive services
107 9 paid under the appropriation in this section. The department
107 10 may transfer funds appropriated in this section to the
107 11 appropriations made in this division of this Act for general
107 12 administration and for field operations for resources necessary
107 13 to implement and operate the services funded in this section.

107 14 3. a. Of the funds appropriated in this section, up to
107 15 \$17,868,324 is allocated as the statewide expenditure target
107 16 under section 232.143 for group foster care maintenance and
107 17 services. If the department projects that such expenditures
107 18 for the fiscal year will be less than the target amount
107 19 allocated in this paragraph "a", the department may reallocate
107 20 the excess to provide additional funding for shelter care
107 21 or the child welfare emergency services addressed with the
107 22 allocation for shelter care.

107 23 b. If at any time after September 30, 2018, annualization
107 24 of a service area's current expenditures indicates a service
107 25 area is at risk of exceeding its group foster care expenditure
107 26 target under section 232.143 by more than 5 percent, the
107 27 department and juvenile court services shall examine all
107 28 group foster care placements in that service area in order to
107 29 identify those which might be appropriate for termination.
107 30 In addition, any aftercare services believed to be needed
107 31 for the children whose placements may be terminated shall be
107 32 identified. The department and juvenile court services shall
107 33 initiate action to set dispositional review hearings for the
107 34 placements identified. In such a dispositional review hearing,
107 35 the juvenile court shall determine whether needed aftercare
108 1 services are available and whether termination of the placement
108 2 is in the best interest of the child and the community.

108 3 4. In accordance with the provisions of section 232.188,
108 4 the department shall continue the child welfare and juvenile
108 5 justice funding initiative during fiscal year 2018-2019. Of
108 6 the funds appropriated in this section, \$858,876 is allocated
108 7 specifically for expenditure for fiscal year 2018-2019 through
108 8 the decategorization services funding pools and governance
108 9 boards established pursuant to section 232.188.

108 10 5. A portion of the funds appropriated in this section
108 11 may be used for emergency family assistance to provide other
108 12 resources required for a family participating in a family
108 13 preservation or reunification project or successor project to
108 14 stay together or to be reunified.

108 15 6. Notwithstanding section 234.35 or any other provision
108 16 of law to the contrary, state funding for shelter care and
108 17 the child welfare emergency services contracting implemented
108 18 to provide for or prevent the need for shelter care shall be
108 19 limited to \$4,048,079.

108 20 7. Federal funds received by the state during the fiscal
108 21 year beginning July 1, 2018, as the result of the expenditure
108 22 of state funds appropriated during a previous state fiscal
108 23 year for a service or activity funded under this section are
108 24 appropriated to the department to be used as additional funding
108 25 for services and purposes provided for under this section.
108 26 Notwithstanding section 8.33, moneys received in accordance

108 27 with this subsection that remain unencumbered or unobligated at
108 28 the close of the fiscal year shall not revert to any fund but
108 29 shall remain available for the purposes designated until the
108 30 close of the succeeding fiscal year.

108 31 8. a. Of the funds appropriated in this section, up to
108 32 \$1,645,000 is allocated for the payment of the expenses of
108 33 court-ordered services provided to juveniles who are under
108 34 the supervision of juvenile court services, which expenses
108 35 are a charge upon the state pursuant to section 232.141,
109 1 subsection 4. Of the amount allocated in this paragraph "a",
109 2 up to \$778,143 shall be made available to provide school-based
109 3 supervision of children adjudicated under chapter 232, of which
109 4 not more than \$7,500 may be used for the purpose of training.
109 5 A portion of the cost of each school-based liaison officer
109 6 shall be paid by the school district or other funding source as
109 7 approved by the chief juvenile court officer.

109 8 b. Of the funds appropriated in this section, up to \$374,492
109 9 is allocated for the payment of the expenses of court-ordered
109 10 services provided to children who are under the supervision
109 11 of the department, which expenses are a charge upon the state
109 12 pursuant to section 232.141, subsection 4.

109 13 c. Notwithstanding section 232.141 or any other provision
109 14 of law to the contrary, the amounts allocated in this
109 15 subsection shall be distributed to the judicial districts
109 16 as determined by the state court administrator and to the
109 17 department's service areas as determined by the administrator
109 18 of the department of human services' division of child and
109 19 family services. The state court administrator and the
109 20 division administrator shall make the determination of the
109 21 distribution amounts on or before June 15, 2018.

109 22 d. Notwithstanding chapter 232 or any other provision of
109 23 law to the contrary, a district or juvenile court shall not
109 24 order any service which is a charge upon the state pursuant
109 25 to section 232.141 if there are insufficient court-ordered
109 26 services funds available in the district court or departmental
109 27 service area distribution amounts to pay for the service. The
109 28 chief juvenile court officer and the departmental service area
109 29 manager shall encourage use of the funds allocated in this
109 30 subsection such that there are sufficient funds to pay for
109 31 all court-related services during the entire year. The chief
109 32 juvenile court officers and departmental service area managers
109 33 shall attempt to anticipate potential surpluses and shortfalls
109 34 in the distribution amounts and shall cooperatively request the
109 35 state court administrator or division administrator to transfer
110 1 funds between the judicial districts' or departmental service
110 2 areas' distribution amounts as prudent.

110 3 e. Notwithstanding any provision of law to the contrary,
110 4 a district or juvenile court shall not order a county to pay

110 5 for any service provided to a juvenile pursuant to an order
110 6 entered under chapter 232 which is a charge upon the state
110 7 under section 232.141, subsection 4.
110 8 f. Of the funds allocated in this subsection, not more than
110 9 \$41,500 may be used by the judicial branch for administration
110 10 of the requirements under this subsection.
110 11 g. Of the funds allocated in this subsection, \$8,500
110 12 shall be used by the department of human services to support
110 13 the interstate commission for juveniles in accordance with
110 14 the interstate compact for juveniles as provided in section
110 15 232.173.
110 16 9. Of the funds appropriated in this section, \$6,126,613 is
110 17 allocated for juvenile delinquent graduated sanctions services.
110 18 Any state funds saved as a result of efforts by juvenile court
110 19 services to earn a federal Tit.IV-E match for juvenile court
110 20 services administration may be used for the juvenile delinquent
110 21 graduated sanctions services.
110 22 10. Of the funds appropriated in this section, \$829,142 is
110 23 transferred to the department of public health to be used for
110 24 the child protection center grant program for child protection
110 25 centers located in Iowa in accordance with section 135.118.
110 26 The grant amounts under the program shall be equalized so that
110 27 each center receives a uniform base amount of \$122,500, so that
110 28 \$25,000 is awarded to establish a satellite child protection
110 29 center in a city in north central Iowa that is the county
110 30 seat of a county with a population between 44,000 and 45,000
110 31 according to the 2010 federal decennial census, and so that the
110 32 remaining funds are awarded through a funding formula based
110 33 upon the volume of children served.
110 34 11. If the department receives federal approval to
110 35 implement a waiver under Tit.IV-E of the federal Social
111 1 Security Act to enable providers to serve children who remain
111 2 in the children's families and communities, for purposes of
111 3 eligibility under the medical assistance program through 25
111 4 years of age, children who participate in the waiver shall be
111 5 considered to be placed in foster care.
111 6 12. Of the funds appropriated in this section, \$2,012,583 is
111 7 allocated for the preparation for adult living program pursuant
111 8 to section 234.46.
111 9 13. Of the funds appropriated in this section, \$113,668
111 10 shall be used for the public purpose of continuing a grant to
111 11 a nonprofit human services organization providing services to
111 12 individuals and families in multiple locations in southwest
111 13 Iowa and Nebraska for support of a project providing immediate,
111 14 sensitive support and forensic interviews, medical exams, needs
111 15 assessments, and referrals for victims of child abuse and their
111 16 nonoffending family members.
111 17 14. Of the funds appropriated in this section, \$150,310

111 18 is allocated for the foster care youth council approach of
111 19 providing a support network to children placed in foster care.
111 20 15. Of the funds appropriated in this section, \$101,000 is
111 21 allocated for use pursuant to section 235A.1 for continuation
111 22 of the initiative to address child sexual abuse implemented
111 23 pursuant to 2007 Iowa Acts, chapter 218, section 18, subsection
111 24 21.
111 25 16. Of the funds appropriated in this section, \$315,120 is
111 26 allocated for the community partnership for child protection
111 27 sites.
111 28 17. Of the funds appropriated in this section, \$185,625
111 29 is allocated for the department's minority youth and family
111 30 projects under the redesign of the child welfare system.
111 31 18. Of the funds appropriated in this section, \$568,297
111 32 is allocated for funding of the community circle of care
111 33 collaboration for children and youth in northeast Iowa.
111 34 19. Of the funds appropriated in this section, at least
111 35 \$73,579 shall be used for the continuation of the child
112 1 welfare provider training academy, a collaboration between the
112 2 coalition for family and children's services in Iowa and the
112 3 department.
112 4 20. Of the funds appropriated in this section, \$105,936
112 5 shall be used for continuation of the central Iowa system of
112 6 care program grant through June 30, 2019.
112 7 21. Of the funds appropriated in this section, \$117,500
112 8 shall be used for the public purpose of the continuation
112 9 and expansion of a system of care program grant implemented
112 10 in Cerro Gordo and Linn counties to utilize a comprehensive
112 11 and long-term approach for helping children and families by
112 12 addressing the key areas in a child's life of childhood basic
112 13 needs, education and work, family, and community.
112 14 22. Of the funds appropriated in this section, at least
112 15 \$12,500 shall be used to continue and to expand the foster
112 16 care respite pilot program in which postsecondary students in
112 17 social work and other human services-related programs receive
112 18 experience by assisting family foster care providers with
112 19 respite and other support.
112 20 23. Of the funds appropriated in this section, \$55,000
112 21 shall be used for the public purpose of funding community-based
112 22 services and other supports with a system of care approach
112 23 for children with a serious emotional disturbance and their
112 24 families through a nonprofit provider of child welfare services
112 25 that has been in existence for more than 115 years, is located
112 26 in a county with a population of more than 200,000 but less
112 27 than 220,000 according to the latest certified federal census,
112 28 is licensed as a psychiatric medical institution for children,
112 29 and was a system of care grantee prior to July 1, 2018.
112 30 Sec. 58. ADOPTION SUBSIDY.

112 31 1. There is appropriated from the general fund of the
112 32 state to the department of human services for the fiscal year
112 33 beginning July 1, 2018, and ending June 30, 2019, the following
112 34 amount, or so much thereof as is necessary, to be used for the
112 35 purpose designated:

113 1 a. For adoption subsidy payments and services:
113 2 \$ 20,388,955

113 3 b. (1) The funds appropriated in this section shall be used
113 4 as authorized or allowed by federal law or regulation for any
113 5 of the following purposes:

113 6 (a) For adoption subsidy payments and related costs.
113 7 (b) For post-adoption services and for other purposes under
113 8 Tit.IV-B or Tit.IV-E of the federal Social Security Act.

113 9 (2) The department of human services may transfer funds
113 10 appropriated in this subsection to the appropriation for
113 11 child and family services in this Act for the purposes of
113 12 post-adoption services as specified in this paragraph "b".

113 13 c. Notwithstanding section 8.33, moneys corresponding to
113 14 the state savings resulting from implementation of the federal
113 15 Fostering Connections to Success and Increasing Adoptions Act
113 16 of 2008, Pub.L. No.110-351, and successor legislation, as
113 17 determined in accordance with 42 U.S.C. §673(a)(8), that remain
113 18 unencumbered or unobligated at the close of the fiscal year,
113 19 shall not revert to any fund but shall remain available for the
113 20 purposes designated in this subsection until expended. The
113 21 amount of such savings and any corresponding funds remaining
113 22 at the close of the fiscal year shall be determined separately
113 23 and any changes in either amount between fiscal years shall not
113 24 result in an unfunded need.

113 25 2. The department may transfer funds appropriated in
113 26 this section to the appropriation made in this division of
113 27 this Act for general administration for costs paid from the
113 28 appropriation relating to adoption subsidy.

113 29 3. Federal funds received by the state during the
113 30 fiscal year beginning July 1, 2018, as the result of the
113 31 expenditure of state funds during a previous state fiscal
113 32 year for a service or activity funded under this section are
113 33 appropriated to the department to be used as additional funding
113 34 for the services and activities funded under this section.

113 35 Notwithstanding section 8.33, moneys received in accordance
114 1 with this subsection that remain unencumbered or unobligated
114 2 at the close of the fiscal year shall not revert to any fund
114 3 but shall remain available for expenditure for the purposes
114 4 designated until the close of the succeeding fiscal year.

114 5 Sec. 59. JUVENILE DETENTION HOME FUND. Moneys deposited
114 6 in the juvenile detention home fund created in section 232.142
114 7 during the fiscal year beginning July 1, 2018, and ending June
114 8 30, 2019, are appropriated to the department of human services

114 9 for the fiscal year beginning July 1, 2018, and ending June 30,
 114 10 2019, for distribution of an amount equal to a percentage of
 114 11 the costs of the establishment, improvement, operation, and
 114 12 maintenance of county or multicounty juvenile detention homes
 114 13 in the fiscal year beginning July 1, 2017. Moneys appropriated
 114 14 for distribution in accordance with this section shall be
 114 15 allocated among eligible detention homes, prorated on the basis
 114 16 of an eligible detention home's proportion of the costs of all
 114 17 eligible detention homes in the fiscal year beginning July
 114 18 1, 2017. The percentage figure shall be determined by the
 114 19 department based on the amount available for distribution for
 114 20 the fund. Notwithstanding section 232.142, subsection 3, the
 114 21 financial aid payable by the state under that provision for the
 114 22 fiscal year beginning July 1, 2018, shall be limited to the
 114 23 amount appropriated for the purposes of this section.
 114 24 Sec. 60. FAMILY SUPPORT SUBSIDY PROGRAM.
 114 25 1. There is appropriated from the general fund of the
 114 26 state to the department of human services for the fiscal year
 114 27 beginning July 1, 2018, and ending June 30, 2019, the following
 114 28 amount, or so much thereof as is necessary, to be used for the
 114 29 purpose designated:
 114 30 For the family support subsidy program subject to the
 114 31 enrollment restrictions in section 225C.37, subsection 3:
 114 32 \$ 534,641
 114 33 2. At least \$393,750 of the moneys appropriated in this
 114 34 section is transferred to the department of public health for
 114 35 the family support center component of the comprehensive family
 115 1 support program under chapter 225C, subchapter V.
 115 2 3. If at any time during the fiscal year, the amount of
 115 3 funding available for the family support subsidy program
 115 4 is reduced from the amount initially used to establish the
 115 5 figure for the number of family members for whom a subsidy
 115 6 is to be provided at any one time during the fiscal year,
 115 7 notwithstanding section 225C.38, subsection 2, the department
 115 8 shall revise the figure as necessary to conform to the amount
 115 9 of funding available.
 115 10 Sec. 61. CONNER DECREE. There is appropriated from the
 115 11 general fund of the state to the department of human services
 115 12 for the fiscal year beginning July 1, 2018, and ending June 30,
 115 13 2019, the following amount, or so much thereof as is necessary,
 115 14 to be used for the purpose designated:
 115 15 For building community capacity through the coordination
 115 16 and provision of training opportunities in accordance with the
 115 17 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
 115 18 Iowa, July 14, 1994):
 115 19 \$ 16,816
 115 20 Sec. 62. MENTAL HEALTH INSTITUTES.
 115 21 1. There is appropriated from the general fund of the

115 22 state to the department of human services for the fiscal year
 115 23 beginning July 1, 2018, and ending June 30, 2019, the following
 115 24 amounts, or so much thereof as is necessary, to be used for the
 115 25 purposes designated:
 115 26 a. For operation of the state mental health institute at
 115 27 Cherokee as required by chapters 218 and 226 for salaries,
 115 28 support, maintenance, and miscellaneous purposes, and for not
 115 29 more than the following full-time equivalent positions:
 115 30 \$ 6,935,127
 115 31 FTEs 162.00
 115 32 b. For operation of the state mental health institute at
 115 33 Independence as required by chapters 218 and 226 for salaries,
 115 34 support, maintenance, and miscellaneous purposes, and for not
 115 35 more than the following full-time equivalent positions:
 116 1 \$ 8,756,810
 116 2 FTEs 204.00
 116 3 2. Notwithstanding sections 218.78 and 249A.11, any revenue
 116 4 received from the state mental health institute at Cherokee or
 116 5 the state mental health institute at Independence pursuant to
 116 6 42 C.F.R §438.6(e) may be retained and expended by the mental
 116 7 health institute.
 116 8 3. Notwithstanding any provision of law to the contrary,
 116 9 a Medicaid member residing at the state mental health
 116 10 institute at Cherokee or the state mental health institute
 116 11 at Independence shall retain Medicaid eligibility during
 116 12 the period of the Medicaid member's stay for which federal
 116 13 financial participation is available.
 116 14 Sec. 63. STATE RESOURCE CENTERS.
 116 15 1. There is appropriated from the general fund of the
 116 16 state to the department of human services for the fiscal year
 116 17 beginning July 1, 2018, and ending June 30, 2019, the following
 116 18 amounts, or so much thereof as is necessary, to be used for the
 116 19 purposes designated:
 116 20 a. For the state resource center at Glenwood for salaries,
 116 21 support, maintenance, and miscellaneous purposes:
 116 22 \$ 8,943,890
 116 23 b. For the state resource center at Woodward for salaries,
 116 24 support, maintenance, and miscellaneous purposes:
 116 25 \$ 6,038,517
 116 26 2. The department may continue to bill for state resource
 116 27 center services utilizing a scope of services approach used for
 116 28 private providers of intermediate care facilities for persons
 116 29 with an intellectual disability services, in a manner which
 116 30 does not shift costs between the medical assistance program,
 116 31 counties, or other sources of funding for the state resource
 116 32 centers.
 116 33 3. The state resource centers may expand the time-limited
 116 34 assessment and respite services during the fiscal year.

116 35 4. If the department's administration and the department
 117 1 of management concur with a finding by a state resource
 117 2 center's superintendent that projected revenues can reasonably
 117 3 be expected to pay the salary and support costs for a new
 117 4 employee position, or that such costs for adding a particular
 117 5 number of new positions for the fiscal year would be less
 117 6 than the overtime costs if new positions would not be added,
 117 7 the superintendent may add the new position or positions. If
 117 8 the vacant positions available to a resource center do not
 117 9 include the position classification desired to be filled, the
 117 10 state resource center's superintendent may reclassify any
 117 11 vacant position as necessary to fill the desired position. The
 117 12 superintendents of the state resource centers may, by mutual
 117 13 agreement, pool vacant positions and position classifications
 117 14 during the course of the fiscal year in order to assist one
 117 15 another in filling necessary positions.

117 16 5. If existing capacity limitations are reached in
 117 17 operating units, a waiting list is in effect for a service or
 117 18 a special need for which a payment source or other funding
 117 19 is available for the service or to address the special need,
 117 20 and facilities for the service or to address the special need
 117 21 can be provided within the available payment source or other
 117 22 funding, the superintendent of a state resource center may
 117 23 authorize opening not more than two units or other facilities
 117 24 and begin implementing the service or addressing the special
 117 25 need during fiscal year 2018-2019.

117 26 Sec. 64. SEXUALLY VIOLENT PREDATORS.

117 27 1. There is appropriated from the general fund of the
 117 28 state to the department of human services for the fiscal year
 117 29 beginning July 1, 2018, and ending June 30, 2019, the following
 117 30 amount, or so much thereof as is necessary, to be used for the
 117 31 purpose designated:

117 32 For costs associated with the commitment and treatment of
 117 33 sexually violent predators in the unit located at the state
 117 34 mental health institute at Cherokee, including costs of legal
 117 35 services and other associated costs, including salaries,
 118 1 support, maintenance, and miscellaneous purposes, and for not
 118 2 more than the following full-time equivalent positions:

118 3	\$	4,732,373
118 4	FTEs	112.00

118 5 2. Unless specifically prohibited by law, if the amount
 118 6 charged provides for recoupment of at least the entire amount
 118 7 of direct and indirect costs, the department of human services
 118 8 may contract with other states to provide care and treatment
 118 9 of persons placed by the other states at the unit for sexually
 118 10 violent predators at Cherokee. The moneys received under
 118 11 such a contract shall be considered to be repayment receipts
 118 12 and used for the purposes of the appropriation made in this

118 13 section.
118 14 Sec. 65. FIELD OPERATIONS. There is appropriated from the
118 15 general fund of the state to the department of human services
118 16 for the fiscal year beginning July 1, 2018, and ending June 30,
118 17 2019, the following amount, or so much thereof as is necessary,
118 18 to be used for the purposes designated:

118 19 For field operations, including salaries, support,
118 20 maintenance, and miscellaneous purposes, and for not more than
118 21 the following full-time equivalent positions:

118 22	.....	\$	24,242,217
118 23	.....	FTEs	1,583.00

118 24 Priority in filling full-time equivalent positions shall be
118 25 given to those positions related to child protection services
118 26 and eligibility determination for low-income families.

118 27 Sec. 66. GENERAL ADMINISTRATION. There is appropriated
118 28 from the general fund of the state to the department of human
118 29 services for the fiscal year beginning July 1, 2018, and ending
118 30 June 30, 2019, the following amount, or so much thereof as is
118 31 necessary, to be used for the purpose designated:

118 32 For general administration, including salaries, support,
118 33 maintenance, and miscellaneous purposes, and for not more than
118 34 the following full-time equivalent positions:

118 35	.....	\$	7,016,520
119 1	.....	FTEs	294.00

119 2 1. The department shall report at least monthly to the
119 3 legislative services agency concerning the department's
119 4 operational and program expenditures.

119 5 2. Of the funds appropriated in this section, \$75,000 shall
119 6 be used to continue the contract for the provision of a program
119 7 to provide technical assistance, support, and consultation to
119 8 providers of habilitation services and home and community-based
119 9 services waiver services for adults with disabilities under the
119 10 medical assistance program.

119 11 3. Of the funds appropriated in this section, \$25,000
119 12 is transferred to the Iowa finance authority to be used
119 13 for administrative support of the council on homelessness
119 14 established in section 16.2D and for the council to fulfill its
119 15 duties in addressing and reducing homelessness in the state.

119 16 4. Of the funds appropriated in this section, \$100,000 shall
119 17 be transferred to and deposited in the administrative fund of
119 18 the Iowa ABLE savings plan trust created in section 121.4, to
119 19 be used for implementation and administration activities of the
119 20 Iowa ABLE savings plan trust.

119 21 5. Of the funds appropriated in this section, \$100,000 is
119 22 transferred to the economic development authority for the Iowa
119 23 commission on volunteer services to continue to be used for
119 24 RefugeeRISE AmeriCorps program established under section 15H.8
119 25 for member recruitment and training to improve the economic

119 26 well-being and health of economically disadvantaged refugees in
119 27 local communities across Iowa. Funds transferred may be used
119 28 to supplement federal funds under federal regulations.
119 29 6. Of the funds appropriated in this section, \$100,000
119 30 shall be used to continue to expand the provision of nationally
119 31 accredited and recognized internet-based training to include
119 32 mental health and disability services providers.
119 33 Sec. 67. DEPARTMENT-WIDE DUTIES. There is appropriated
119 34 from the general fund of the state to the department of human
119 35 services for the fiscal year beginning July 1, 2018, and ending
120 1 June 30, 2019, the following amount, or so much thereof as is
120 2 necessary, to be used for the purposes designated:
120 3 For salaries, support, maintenance, and miscellaneous
120 4 purposes at facilities under the purview of the department of
120 5 human services:
120 6 \$ 1,439,637
120 7 Sec. 68. VOLUNTEERS. There is appropriated from the general
120 8 fund of the state to the department of human services for the
120 9 fiscal year beginning July 1, 2018, and ending June 30, 2019,
120 10 the following amount, or so much thereof as is necessary, to be
120 11 used for the purpose designated:
120 12 For development and coordination of volunteer services:
120 13 \$ 42,343
120 14 Sec. 69. GENERAL REDUCTION. For the period beginning July
120 15 1, 2018, and ending June 30, 2019, the department of human
120 16 services, in consultation with the department of management,
120 17 shall identify and implement a reduction in expenditures made
120 18 from appropriations from the general fund to the department of
120 19 human services in the amount of \$733,651.
120 20 Sec. 70. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
120 21 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE
120 22 DEPARTMENT OF HUMAN SERVICES.
120 23 1. a. (1) (a) For the fiscal year beginning July
120 24 1, 2018, case-mix, non-case mix, and special population
120 25 nursing facilities shall be reimbursed in accordance with the
120 26 methodology in effect on June 30, 2018.
120 27 (b) For managed care claims, the department of human
120 28 services shall adjust the payment rate floor for nursing
120 29 facilities, annually, to maintain a rate floor that is no
120 30 lower than the Medicaid fee-for-service case-mix adjusted rate
120 31 calculated in accordance with 441 IAC 81.6. The department
120 32 shall then calculate adjusted reimbursement rates, including
120 33 but not limited to add-on-payments, annually, and shall
120 34 notify Medicaid managed care organizations of the adjusted
120 35 reimbursement rates within 30 days of determining the adjusted
121 1 reimbursement rates. Any adjustment of reimbursement rates
121 2 under this subparagraph division shall be budget neutral to the
121 3 state budget.

121 4 (2) For any open or unsettled nursing facility cost report
121 5 for a fiscal year prior to and including the fiscal year
121 6 beginning July 1, 2017, including any cost report remanded on
121 7 judicial review for inclusion of prescription drug, laboratory,
121 8 or x-ray costs, the department shall offset all reported
121 9 prescription drug, laboratory, and x-ray costs with any revenue
121 10 received from Medicare or other revenue source for any purpose.
121 11 For purposes of this subparagraph, a nursing facility cost
121 12 report is not considered open or unsettled if the facility did
121 13 not initiate an administrative appeal under chapter 17A or if
121 14 any appeal rights initiated have been exhausted.

121 15 b. (1) For the fiscal year beginning July 1, 2018,
121 16 the department shall establish the pharmacy dispensing fee
121 17 reimbursement at \$10.02 per prescription, until a cost of
121 18 dispensing survey is completed. The actual dispensing fee
121 19 shall be determined by a cost of dispensing survey performed
121 20 by the department and required to be completed by all medical
121 21 assistance program participating pharmacies every two years,
121 22 adjusted as necessary to maintain expenditures within the
121 23 amount appropriated to the department for this purpose for the
121 24 fiscal year.

121 25 (2) The department shall utilize an average acquisition
121 26 cost reimbursement methodology for all drugs covered under the
121 27 medical assistance program in accordance with 2012 Iowa Acts,
121 28 chapter 1133, section 33.

121 29 c. (1) For the fiscal year beginning July 1, 2018,
121 30 reimbursement rates for outpatient hospital services shall
121 31 remain at the rates in effect on June 30, 2018, subject to
121 32 Medicaid program upper payment limit rules, and adjusted
121 33 as necessary to maintain expenditures within the amount
121 34 appropriated to the department for this purpose for the fiscal
121 35 year.

122 1 (2) For the fiscal year beginning July 1, 2018,
122 2 reimbursement rates for inpatient hospital services shall
122 3 be rebased effective October 1, 2018, subject to Medicaid
122 4 program upper payment limit rules, and adjusted as necessary
122 5 to maintain expenditures within the amount appropriated to the
122 6 department for this purpose for the fiscal year.

122 7 (3) For the fiscal year beginning July 1, 2018, the graduate
122 8 medical education and disproportionate share hospital fund
122 9 shall remain at the amount in effect on June 30, 2018, except
122 10 that the portion of the fund attributable to graduate medical
122 11 education shall be reduced in an amount that reflects the
122 12 elimination of graduate medical education payments made to
122 13 out-of-state hospitals.

122 14 (4) In order to ensure the efficient use of limited state
122 15 funds in procuring health care services for low-income Iowans,
122 16 funds appropriated in this Act for hospital services shall

122 17 not be used for activities which would be excluded from a
122 18 determination of reasonable costs under the federal Medicare
122 19 program pursuant to 42 U.S.C. §1395x(v)(1)(N).
122 20 d. For the fiscal year beginning July 1, 2018, reimbursement
122 21 rates for hospices and acute mental hospitals shall be
122 22 increased in accordance with increases under the federal
122 23 Medicare program or as supported by their Medicare audited
122 24 costs.
122 25 e. For the fiscal year beginning July 1, 2018, independent
122 26 laboratories and rehabilitation agencies shall be reimbursed
122 27 using the same methodology in effect on June 30, 2018.
122 28 f. (1) For the fiscal year beginning July 1, 2018,
122 29 reimbursement rates for home health agencies shall continue to
122 30 be based on the Medicare low utilization payment adjustment
122 31 (LUPA) methodology with state geographic wage adjustments.
122 32 The department shall continue to update the rates every two
122 33 years to reflect the most recent Medicare LUPA rates to the
122 34 extent possible within the state funding appropriated for this
122 35 purpose.
123 1 (2) For the fiscal year beginning July 1, 2018, rates for
123 2 private duty nursing and personal care services under the early
123 3 and periodic screening, diagnostic, and treatment program
123 4 benefit shall be calculated based on the methodology in effect
123 5 on June 30, 2018.
123 6 g. For the fiscal year beginning July 1, 2018, federally
123 7 qualified health centers and rural health clinics shall receive
123 8 cost-based reimbursement for 100 percent of the reasonable
123 9 costs for the provision of services to recipients of medical
123 10 assistance.
123 11 h. For the fiscal year beginning July 1, 2018, the
123 12 reimbursement rates for dental services shall remain at the
123 13 rates in effect on June 30, 2018.
123 14 i. (1) For the fiscal year beginning July 1, 2018,
123 15 reimbursement rates for the non-state-owned psychiatric medical
123 16 institution for children shall be based on the methodology in
123 17 effect on June 30, 2018.
123 18 (2) As a condition of participation in the medical
123 19 assistance program, enrolled providers shall accept the medical
123 20 assistance reimbursement rate for any covered goods or services
123 21 provided to recipients of medical assistance who are children
123 22 under the custody of a psychiatric medical institution for
123 23 children.
123 24 j. For the fiscal year beginning July 1, 2018, unless
123 25 otherwise specified in this Act, all noninstitutional medical
123 26 assistance provider reimbursement rates shall remain at the
123 27 rates in effect on June 30, 2018, except for area education
123 28 agencies, local education agencies, infant and toddler
123 29 services providers, home and community-based services providers

123 30 including consumer-directed attendant care providers under a
123 31 section 1915(c) or 1915(i) waiver, targeted case management
123 32 providers, and those providers whose rates are required to be
123 33 determined pursuant to section 249A.20.

123 34 k. Notwithstanding any provision to the contrary, for the
123 35 fiscal year beginning July 1, 2018, the reimbursement rate
124 1 for anesthesiologists shall be adjusted to implement the cost
124 2 containment strategies authorized for the medical assistance
124 3 program in this 2017 Act.

124 4 l. Notwithstanding section 249A.20, for the fiscal year
124 5 beginning July 1, 2018, the average reimbursement rate for
124 6 health care providers eligible for use of the federal Medicare
124 7 resource-based relative value scale reimbursement methodology
124 8 under section 249A.20 shall remain at the rate in effect on
124 9 June 30, 2018; however, this rate shall not exceed the maximum
124 10 level authorized by the federal government.

124 11 m. For the fiscal year beginning July 1, 2018, the
124 12 reimbursement rate for residential care facilities shall not
124 13 be less than the minimum payment level as established by the
124 14 federal government to meet the federally mandated maintenance
124 15 of effort requirement. The flat reimbursement rate for
124 16 facilities electing not to file annual cost reports shall not
124 17 be less than the minimum payment level as established by the
124 18 federal government to meet the federally mandated maintenance
124 19 of effort requirement.

124 20 n. For the fiscal year beginning July 1, 2018, the
124 21 reimbursement rates for inpatient mental health services
124 22 provided at hospitals shall be rebased effective October 1,
124 23 2018, subject to Medicaid program upper payment limit rules;
124 24 and psychiatrists shall be reimbursed at the medical assistance
124 25 program fee-for-service rate in effect on June 30, 2018.

124 26 o. For the fiscal year beginning July 1, 2018, community
124 27 mental health centers may choose to be reimbursed for the
124 28 services provided to recipients of medical assistance through
124 29 either of the following options:

124 30 (1) For 100 percent of the reasonable costs of the services.
124 31 (2) In accordance with the alternative reimbursement rate
124 32 methodology approved by the department of human services in
124 33 effect on June 30, 2018.

124 34 p. For the fiscal year beginning July 1, 2018, the
124 35 reimbursement rate for providers of family planning services
125 1 that are eligible to receive a 90 percent federal match shall
125 2 remain at the rates in effect on June 30, 2018.

125 3 q. Unless otherwise subject to a tiered rate methodology,
125 4 for the fiscal year beginning July 1, 2018, the upper
125 5 limits and reimbursement rates for providers of home and
125 6 community-based services waiver services shall be reimbursed
125 7 using the reimbursement methodology in effect on June 30, 2018.

125 8 r. For the fiscal year beginning July 1, 2018, the
125 9 reimbursement rates for emergency medical service providers
125 10 shall remain at the rates in effect on June 30, 2018.
125 11 s. For the fiscal year beginning July 1, 2018, reimbursement
125 12 rates for substance-related disorder treatment programs
125 13 licensed under section 125.13 shall remain at the rates in
125 14 effect on June 30, 2018.
125 15 2. For the fiscal year beginning July 1, 2018, the
125 16 reimbursement rate for providers reimbursed under the
125 17 in-home-related care program shall not be less than the minimum
125 18 payment level as established by the federal government to meet
125 19 the federally mandated maintenance of effort requirement.
125 20 3. Unless otherwise directed in this section, when the
125 21 department's reimbursement methodology for any provider
125 22 reimbursed in accordance with this section includes an
125 23 inflation factor, this factor shall not exceed the amount
125 24 by which the consumer price index for all urban consumers
125 25 increased during the calendar year ending December 31, 2002.
125 26 4. Notwithstanding section 234.38, for the fiscal
125 27 year beginning July 1, 2018, the foster family basic daily
125 28 maintenance rate and the maximum adoption subsidy rate for
125 29 children ages 0 through 5 years shall be \$16.78, the rate for
125 30 children ages 6 through 11 years shall be \$17.43, the rate for
125 31 children ages 12 through 15 years shall be \$19.10, and the
125 32 rate for children and young adults ages 16 and older shall
125 33 be \$19.35. For youth ages 18 to 21 who have exited foster
125 34 care, the preparation for adult living program maintenance rate
125 35 shall be \$602.70 per month. The maximum payment for adoption
126 1 subsidy nonrecurring expenses shall be limited to \$500 and the
126 2 disallowance of additional amounts for court costs and other
126 3 related legal expenses implemented pursuant to 2010 Iowa Acts,
126 4 chapter 1031, section 408, shall be continued.
126 5 5. For the fiscal year beginning July 1, 2018, the maximum
126 6 reimbursement rates for social services providers under
126 7 contract shall remain at the rates in effect on June 30, 2018,
126 8 or the provider's actual and allowable cost plus inflation for
126 9 each service, whichever is less. However, if a new service
126 10 or service provider is added after June 30, 2018, the initial
126 11 reimbursement rate for the service or provider shall be based
126 12 upon a weighted average of provider rates for similar services.
126 13 6. a. For the fiscal year beginning July 1, 2018, the
126 14 reimbursement rates for resource family recruitment and
126 15 retention contractors shall be established by contract.
126 16 b. For the fiscal year beginning July 1, 2018, the
126 17 reimbursement rates for supervised apartment living foster care
126 18 providers shall be established by contract.
126 19 7. a. For the purposes of this subsection, "combined
126 20 reimbursement rate" means the combined service and maintenance

126 21 reimbursement rate for a service level under the department's
126 22 reimbursement methodology. Effective July 1, 2018, the
126 23 combined reimbursement rate for a group foster care service
126 24 level shall be the amount designated in this subsection.
126 25 However, if a group foster care provider's reimbursement rate
126 26 for a service level as of June 30, 2018, is more than the rate
126 27 designated in this subsection, the provider's reimbursement
126 28 shall remain at the higher rate.

126 29 b. Unless a group foster care provider is subject to the
126 30 exception provided in paragraph "a", effective July 1, 2018,
126 31 the combined reimbursement rates for the service levels under
126 32 the department's reimbursement methodology shall be as follows:

126 33 (1) For service level, community - D1, the daily rate shall
126 34 be at least \$84.17.

126 35 (2) For service level, comprehensive - D2, the daily rate
127 1 shall be at least \$119.09.

127 2 (3) For service level, enhanced - D3, the daily rate shall
127 3 be at least \$131.09.

127 4 8. The group foster care reimbursement rates paid for
127 5 placement of children out of state shall be calculated
127 6 according to the same rate-setting principles as those used for
127 7 in-state providers, unless the director of human services or
127 8 the director's designee determines that appropriate care cannot
127 9 be provided within the state. The payment of the daily rate
127 10 shall be based on the number of days in the calendar month in
127 11 which service is provided.

127 12 9. a. For the fiscal year beginning July 1, 2018, the
127 13 reimbursement rate paid for shelter care and the child welfare
127 14 emergency services implemented to provide or prevent the need
127 15 for shelter care shall be established by contract.

127 16 b. For the fiscal year beginning July 1, 2018, the combined
127 17 service and maintenance components of the reimbursement rate
127 18 paid for shelter care services shall be based on the financial
127 19 and statistical report submitted to the department. The
127 20 maximum reimbursement rate shall be \$101.83 per day. The
127 21 department shall reimburse a shelter care provider at the
127 22 provider's actual and allowable unit cost, plus inflation, not
127 23 to exceed the maximum reimbursement rate.

127 24 c. Notwithstanding section 232.141, subsection 8, for the
127 25 fiscal year beginning July 1, 2018, the amount of the statewide
127 26 average of the actual and allowable rates for reimbursement of
127 27 juvenile shelter care homes that is utilized for the limitation
127 28 on recovery of unpaid costs shall remain at the amount in
127 29 effect for this purpose in the fiscal year beginning July 1,
127 30 2017.

127 31 10. For the fiscal year beginning July 1, 2018, the
127 32 department shall calculate reimbursement rates for intermediate
127 33 care facilities for persons with an intellectual disability

127 34 at the 80th percentile. Beginning July 1, 2018, the rate
127 35 calculation methodology shall utilize the consumer price index
128 1 inflation factor applicable to the fiscal year beginning July
128 2 1, 2018.

128 3 11. For the fiscal year beginning July 1, 2018, for child
128 4 care providers reimbursed under the state child care assistance
128 5 program, the department shall set provider reimbursement
128 6 rates based on the rate reimbursement survey completed in
128 7 December 2004. Effective July 1, 2018, the child care provider
128 8 reimbursement rates shall remain at the rates in effect on June
128 9 30, 2018. The department shall set rates in a manner so as
128 10 to provide incentives for a nonregistered provider to become
128 11 registered by applying the increase only to registered and
128 12 licensed providers.

128 13 12. For the fiscal year beginning July 1, 2018, affected
128 14 providers or services shall be reimbursed as follows:

128 15 a. For fee-for-service claims, reimbursement shall be
128 16 calculated based on the methodology otherwise specified in this
128 17 section for the fiscal year beginning July 1, 2018, for the
128 18 respective provider or service.

128 19 b. For claims subject to a managed care contract with the
128 20 exception of any provider or service to which a reimbursement
128 21 increase is applicable for the fiscal year under this section,
128 22 reimbursement shall be based on the methodology established by
128 23 the managed care contract. However, any rate or reimbursement
128 24 established under such contract shall not be lower than the
128 25 rate or reimbursement floor established by the department
128 26 of human services as the managed care organization rate or
128 27 reimbursement floor for a respective provider or service in
128 28 effect on April 1, 2016.

128 29 13. Notwithstanding any provision to the contrary,
128 30 reimbursement rates and methodologies under this section may
128 31 be adjusted as necessary to implement the cost containment
128 32 strategies authorized for the medical assistance program in
128 33 this 2017 Act.

128 34 14. The department may adopt emergency rules to implement
128 35 this section.

129 1 Sec. 71. EMERGENCY RULES.

129 2 1. If specifically authorized by a provision of this
129 3 division of this Act, the department of human services or
129 4 the mental health and disability services commission may
129 5 adopt administrative rules under section 17A.4, subsection
129 6 3, and section 17A.5, subsection 2, paragraph "b", to
129 7 implement the provisions of this division of this Act and
129 8 the rules shall become effective immediately upon filing or
129 9 on a later effective date specified in the rules, unless the
129 10 effective date of the rules is delayed or the applicability
129 11 of the rules is suspended by the administrative rules review

129 12 committee. Any rules adopted in accordance with this section
129 13 shall not take effect before the rules are reviewed by the
129 14 administrative rules review committee. The delay authority
129 15 provided to the administrative rules review committee under
129 16 section 17A.4, subsection 7, and section 17A.8, subsection 9,
129 17 shall be applicable to a delay imposed under this section,
129 18 notwithstanding a provision in those sections making them
129 19 inapplicable to section 17A.5, subsection 2, paragraph "b".
129 20 Any rules adopted in accordance with the provisions of this
129 21 section shall also be published as a notice of intended action
129 22 as provided in section 17A.4.

129 23 2. If during a fiscal year, the department of human
129 24 services is adopting rules in accordance with this section
129 25 or as otherwise directed or authorized by state law, and the
129 26 rules will result in an expenditure increase beyond the amount
129 27 anticipated in the budget process or if the expenditure was
129 28 not addressed in the budget process for the fiscal year, the
129 29 department shall notify the persons designated by this division
129 30 of this Act for submission of reports, the chairpersons and
129 31 ranking members of the committees on appropriations, and
129 32 the department of management concerning the rules and the
129 33 expenditure increase. The notification shall be provided at
129 34 least 30 calendar days prior to the date notice of the rules
129 35 is submitted to the administrative rules coordinator and the
130 1 administrative code editor.

130 2 Sec. 72. REPORTS. Any reports or other information
130 3 required to be compiled and submitted under this Act during the
130 4 fiscal year beginning July 1, 2018, shall be submitted to the
130 5 chairpersons and ranking members of the joint appropriations
130 6 subcommittee on health and human services, the legislative
130 7 services agency, and the legislative caucus staffs on or
130 8 before the dates specified for submission of the reports or
130 9 information.

130 10 Sec. 73. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN
130 11 APPROPRIATIONS FY 2018-2019. Notwithstanding section 8.39,
130 12 subsection 1, for the fiscal year beginning July 1, 2018, if
130 13 savings resulting from the governor's Medicaid modernization
130 14 initiative accrue to the medical contracts or children's health
130 15 insurance program appropriation from the general fund of the
130 16 state and not to the medical assistance appropriation from the
130 17 general fund of the state under this division of this Act,
130 18 such savings may be transferred to such medical assistance
130 19 appropriation for the same fiscal year without prior written
130 20 consent and approval of the governor and the director of the
130 21 department of management. The department of human services
130 22 shall report any transfers made pursuant to this section to the
130 23 legislative services agency.

130 24 Sec. 74. EFFECTIVE UPON ENACTMENT. The following

130 25 provisions of this division of this Act, being deemed of
 130 26 immediate importance, take effect upon enactment:
 130 27 1. The provision relating to section 232.141 and directing
 130 28 the state court administrator and the division administrator of
 130 29 the department of human services division of child and family
 130 30 services to make the determination, by June 15, 2018, of the
 130 31 distribution of funds allocated for the payment of the expenses
 130 32 of court-ordered services provided to juveniles which are a
 130 33 charge upon the state.

130 34 DIVISION XII

130 35 HEALTH CARE ACCOUNTS AND FUNDS — FY 2018-2019

131 1 Sec. 75. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
 131 2 appropriated from the pharmaceutical settlement account created
 131 3 in section 249A.33 to the department of human services for the
 131 4 fiscal year beginning July 1, 2018, and ending June 30, 2019,
 131 5 the following amount, or so much thereof as is necessary, to be
 131 6 used for the purpose designated:

131 7 Notwithstanding any provision of law to the contrary, to
 131 8 supplement the appropriations made in this Act for medical
 131 9 contracts under the medical assistance program for the fiscal
 131 10 year beginning July 1, 2018, and ending June 30, 2019:
 131 11 \$ 400,000

131 12 Sec. 76. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN
 131 13 SERVICES. Notwithstanding any provision to the contrary and
 131 14 subject to the availability of funds, there is appropriated
 131 15 from the quality assurance trust fund created in section
 131 16 249L.4 to the department of human services for the fiscal year
 131 17 beginning July 1, 2018, and ending June 30, 2019, the following
 131 18 amounts, or so much thereof as is necessary, for the purposes
 131 19 designated:

131 20 To supplement the appropriation made in this Act from the
 131 21 general fund of the state to the department of human services
 131 22 for medical assistance for the same fiscal year:
 131 23 \$ 18,352,604

131 24 Sec. 77. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 131 25 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 131 26 the contrary and subject to the availability of funds, there is
 131 27 appropriated from the hospital health care access trust fund
 131 28 created in section 249M.4 to the department of human services
 131 29 for the fiscal year beginning July 1, 2018, and ending June
 131 30 30, 2019, the following amounts, or so much thereof as is
 131 31 necessary, for the purposes designated:

131 32 To supplement the appropriation made in this Act from the
 131 33 general fund of the state to the department of human services
 131 34 for medical assistance for the same fiscal year:
 131 35 \$ 16,960,277

132 1 Sec. 78. MEDICAL ASSISTANCE PROGRAM — NONREVERSION
 132 2 FOR FY 2018-2019. Notwithstanding section 8.33, if moneys

132 3 appropriated for purposes of the medical assistance program for
 132 4 the fiscal year beginning July 1, 2018, and ending June 30,
 132 5 2019, from the general fund of the state, the quality assurance
 132 6 trust fund and the hospital health care access trust fund, are
 132 7 in excess of actual expenditures for the medical assistance
 132 8 program and remain unencumbered or unobligated at the close
 132 9 of the fiscal year, the excess moneys shall not revert but
 132 10 shall remain available for expenditure for the purposes of the
 132 11 medical assistance program until the close of the succeeding
 132 12 fiscal year.

132 13 DIVISION XIII

132 14 CHILD CARE FACILITY FUND — USE FOR FIELD OPERATIONS

132 15 Sec. 79. CHILD CARE FACILITY FUND — USE FOR FIELD
 132 16 OPERATIONS. Notwithstanding section 237A.4A, subsection 5,
 132 17 Code 2017, for the fiscal year beginning July 1, 2017, and
 132 18 ending June 30, 2018, in addition to the costs of dedicated
 132 19 staffing to perform the duties described in section 237A.4A,
 132 20 up to \$590,082 of the moneys in the child care facility fund
 132 21 may be used by the department of human services for additional
 132 22 expenditures of the child care regulatory unit within the
 132 23 department's field operations.

Directs the DHS to transfer a total of \$813,000 from the Child Care Facility Fund to replace General Fund dollars for the Field Operations and Child Care Assistance General Fund appropriations in FY 2018.

DETAIL: This is a one-time transfer from the Child Care Facility Fund of \$590,082 to the Field Operations General Fund appropriation, and \$222,918 to the Child Care Assistance General Fund appropriation. The Fund collects fees from child care providers for the monitoring and regulation of child care facilities, contracting, related technology costs, record checks, grants and fee waivers, and other expenses for inspection of child care facilities.

132 24 Sec. 80. EFFECTIVE UPON ENACTMENT. This division of this
 132 25 Act, being deemed of immediate importance, takes effect upon
 132 26 enactment.

The Division is effective upon enactment.

132 27 DIVISION XIV

132 28 BIOLOGICS AND GENETICALLY TARGETED DRUGS — MEDICAID

132 29 Sec. 81. Section 249A.20A, subsection 3, Code 2017, is
 132 30 amended to read as follows:
 132 31 3. a. The pharmaceutical and therapeutics committee shall
 132 32 recommend a preferred drug list to the department.
 132 33 b. The committee shall develop the preferred drug list
 132 34 by considering each drug's clinically meaningful therapeutic
 132 35 advantages in terms of safety, effectiveness, and clinical
 133 1 outcome.
 133 2 c. The committee shall use evidence-based research methods
 133 3 in selecting the drugs to be included on the preferred drug
 133 4 list.
 133 5 d. When making recommendations or determinations regarding
 133 6 beneficiary access to drugs and biological products for rare
 133 7 diseases, as defined in the federal Orphan Drug Act of 1983,
 133 8 Pub.L. No.97-414, and drugs and biological products that are

CODE: Requires the Pharmaceutical and Therapeutics Committee under the Medicaid Program to request and consider information from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease when making recommendations regarding drugs, and to develop a preferred drug list by considering each drug's clinically meaningful therapeutic advantages in terms of safety.

133 9 genetically targeted, the committee shall request and consider
133 10 information from individuals who possess scientific or medical
133 11 training with respect to the drug, biological product, or rare
133 12 disease.

133 13 e. The committee shall periodically review all drug classes
133 14 included on the preferred drug list and may amend the list to
133 15 ensure that the list provides for medically appropriate drug
133 16 therapies for medical assistance recipients and achieves cost
133 17 savings to the medical assistance program.

133 18 f. The department may procure a sole source contract
133 19 with an outside entity or contractor to provide professional
133 20 administrative support to the pharmaceutical and therapeutics
133 21 committee in researching and recommending drugs to be placed on
133 22 the preferred drug list.

133 23 Sec. 82. Section 249A.24, Code 2017, is amended by adding
133 24 the following new subsection:

133 25 NEW SUBSECTION 2A. When making recommendations or
133 26 determinations regarding beneficiary access to drugs and
133 27 biological products for rare diseases, as defined in the
133 28 federal Orphan Drug Act of 1983, Pub.L. No.97-414, and
133 29 drugs and biological products that are genetically targeted,
133 30 the commission shall request and consider information from
133 31 individuals who possess scientific or medical training with
133 32 respect to the drug, biological product, or rare disease.

133 33 DIVISION XV
133 34 PUBLIC ASSISTANCE PROGRAMS OVERSIGHT

133 35 Sec. 83. 2017 Iowa Acts, House File 531, section 2,
134 1 subsection 1, as enacted, is amended to read as follows:
134 2 1. The department of human services shall review state
134 3 efforts, including pilot programs related to data sharing
134 4 between states and technology-based solutions designed to curb
134 5 interstate dual participation, to address program integrity
134 6 for public assistance programs including Medicaid, the family
134 7 investment program (FIP), the supplemental nutrition assistance
134 8 program (SNAP), and the child care assistance program. As
134 9 part of the review, the department shall explore opportunities
134 10 to join existing pilot efforts in collaboration with other
134 11 states including the effort involving the national accuracy
134 12 clearinghouse, or to develop a separate pilot effort in Iowa.

134 13 Sec. 84. EFFECTIVE UPON ENACTMENT. This division of this
134 14 Act, being deemed of immediate importance, takes effect upon
134 15 enactment.

134 16 Sec. 85. RETROACTIVE APPLICABILITY. This division of this
134 17 Act applies retroactively to March 30, 2017.

134 18 DIVISION XVI

Amends [HF 531](#) (Medicaid and Supplemental Nutrition Assistance Reform Act) to direct the DHS to evaluate an opportunity to join a pilot program that utilizes the National Accuracy Clearinghouse to verify participation in public assistance programs, including Medicaid, the FIP, the Supplemental Nutrition Assistance Program, and the CCA Program.

The Division is effective upon enactment and retroactive to March 30, 2017.

134 19 BACKGROUND CHECK PRIVATE SECTOR ALTERNATIVES

134 20 Sec. 86. BACKGROUND CHECK — PRIVATE SECTOR
 134 21 ALTERNATIVES. The department of human services and the
 134 22 department of public safety shall jointly review private sector
 134 23 alternatives to the performance of state mandated criminal
 134 24 background checks currently performed solely by the department
 134 25 of public safety. The departments shall submit a report to
 134 26 the governor and the general assembly by December 15, 2017,
 134 27 including a description of the process used in reviewing
 134 28 private sector alternatives to perform criminal background
 134 29 checks, the findings from the review, and recommendations for
 134 30 utilizing private sector entities as an alternative to the
 134 31 department of public safety in performing criminal background
 134 32 checks.

Requires the DHS and Department of Public Safety to review alternatives for contracting the performance of State mandated criminal background checks to a non-State entity. The Departments must submit a report to the Governor and the General Assembly by December 15, 2017.

134 33 DIVISION XVII
 134 34 PSYCHIATRIC BED TRACKING SYSTEM

134 35 Sec. 87. DEPARTMENT OF HUMAN SERVICES PSYCHIATRIC BED
 135 1 TRACKING SYSTEM. The department of human services shall amend
 135 2 its administrative rules pursuant to chapter 17A to require
 135 3 the state mental health institutes and hospitals licensed
 135 4 to provide inpatient psychiatric treatment and services to
 135 5 participate in the psychiatric bed tracking system and to
 135 6 ensure updates are made, at a minimum, two times per day to
 135 7 the psychiatric bed tracking system. Updates shall include
 135 8 information on the availability of inpatient child, adult,
 135 9 and geriatric psychiatric beds staffed and available and
 135 10 information on the gender that can be accepted for each
 135 11 available bed.

Requires the DHS to submit new administrative rules to require the State MHIs and hospitals with inpatient psychiatric treatment to update the psychiatric bed tracking system, at minimum, two times daily.

135 12 DIVISION XVIII
 135 13 CHILDREN'S WELL-BEING COLLABORATIVES AND ADVISORY COMMITTEE

135 14 Sec. 88. CHILDREN'S WELL-BEING COLLABORATIVES — GRANTS.
 135 15 1. The department of human services shall establish a
 135 16 request for proposals process which shall be based upon
 135 17 recommendations for the development and implementation
 135 18 of children's well-being collaboratives described in the
 135 19 children's mental health study report submitted by the
 135 20 department to the general assembly on December 15, 2016.
 135 21 2. A well-being collaborative shall consist of a
 135 22 broad-based group of entities in a defined geographical area
 135 23 represented by a lead agency. Entities in the well-being
 135 24 collaborative shall include a broad-based representation of key
 135 25 providers including but not limited to providers of prevention
 135 26 and early intervention services and mental health services to

Directs the DHS to establish a request for proposals (RFP) process for the purpose of contracting for planning grants for the development and implementation of children's well-being collaboratives described in the Children's Mental Health Study Report submitted to the General Assembly on December 15, 2016. Grantees will be required to submit reports to the DHS by December 15, 2017, and April 15, 2018.

135 27 the target population.

135 28 3. A well-being collaborative shall be responsible for

135 29 developing interagency coordination and collaboration for

135 30 the provision of prevention and early intervention services

135 31 within the designated geographic area and shall, at a minimum,

135 32 demonstrate all of the following:

135 33 a. Experience and a strong understanding of how best to

135 34 engage children and families to achieve positive mental health

135 35 and well-being outcomes.

136 1 b. An ability to provide or administer prevention services

136 2 for the improvement of children's mental health and well-being.

136 3 c. Experience and effectiveness in coordinating the

136 4 collaborative efforts of multiple stakeholders working toward

136 5 a common goal of improving the effectiveness of the group's

136 6 efforts to achieve measurable improved outcomes.

136 7 4. A well-being collaborative shall build and maintain

136 8 intentional collaboration among all entities with the goal of

136 9 providing measurable improvements in outcomes for children and

136 10 families.

136 11 5. A well-being collaborative shall build and improve

136 12 coordination and effectiveness among entities to develop and

136 13 provide primary, secondary, and tertiary prevention and early

136 14 intervention services that are nonduplicative and that are

136 15 aligned to meet the needs of children and families in the

136 16 geographic area.

136 17 6. A well-being collaborative shall provide technical

136 18 assistance to a diverse array of stakeholders, facilitate

136 19 the distribution of public awareness materials that include

136 20 information aimed at reducing the stigma of mental illness,

136 21 and provide updates on changes in state and federal policy

136 22 in relation to prevention and early intervention efforts

136 23 concerning children's mental health and well-being.

136 24 7. A well-being collaborative shall establish or enhance

136 25 collaborative efforts in all of the following areas:

136 26 a. The selection and implementation of evidence-based or

136 27 promising prevention and early intervention models.

136 28 b. Understanding funding sources and how to utilize

136 29 available funding most effectively.

136 30 c. The adoption or development, implementation, and

136 31 analysis of community needs assessments.

136 32 d. The development, implementation, and analysis of a

136 33 community work plan based on the results of the community needs

136 34 assessment.

136 35 e. The adoption or development and implementation of a

137 1 uniform family assessment.

137 2 f. The utilization of research and data analysis to guide

137 3 the work of the well-being collaborative.

137 4 g. The provision of culturally competent services and the

137 5 ability to address issues relating to the disproportionate
 137 6 representation of a population group.
 137 7 h. The development of public awareness and training
 137 8 programs, including programs aimed at reducing the stigma of
 137 9 mental illness.
 137 10 i. The recruitment and retention of members in the
 137 11 well-being collaborative with a focus on achieving the goals
 137 12 and outcomes of the collaborative and supporting all members in
 137 13 the collaborative.
 137 14 8. Each grantee shall submit reports to the department of
 137 15 human services by December 15, 2017, and April 15, 2018, to
 137 16 include information relating to the accomplishments and future
 137 17 plans of each well-being collaborative.

137 18 Sec. 89. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY
 137 19 COMMITTEE. The department of human services shall create and
 137 20 provide support to a children's mental health and well-being
 137 21 advisory committee to continue efforts relating to improving
 137 22 children's mental health crisis services and children's
 137 23 well-being learning labs and supporting the children's
 137 24 well-being collaboratives.

Requires the DHS to convene the Children's Mental Health and Well-Being Advisory Committee to improve children's mental health services and children's well-being learning labs, and to support the Children's Well-Being Collaboratives. The DHS is required to provide support to the Advisory Committee.

137 25 DIVISION XIX
 137 26 STATE FAMILY PLANNING SERVICES PROGRAM

137 27 Sec. 90. NEW SECTION 217.41B STATE FAMILY PLANNING
 137 28 SERVICES PROGRAM — ESTABLISHMENT — DISCONTINUATION OF
 137 29 ~~MEICAID~~ PLANNING NETWORK WAIVER.
 137 30 1. The department of human services shall discontinue the
 137 31 Medicaid family planning network waiver effective July 1, 2017,
 137 32 and shall instead establish a state family planning services
 137 33 program. The state program shall replicate the eligibility
 137 34 requirements and other provisions included in the Medicaid
 137 35 family planning network waiver as approved by the centers for
 138 1 Medicare and Medicaid services of the United States department
 138 2 of health and human services in effect on June 30, 2017.
 138 3 2. Distribution of family planning services program funds
 138 4 under this section shall be made in a manner that continues
 138 5 access to family planning services.
 138 6 3. Distribution of family planning services program funds
 138 7 shall not be made to any entity that performs abortions or that
 138 8 maintains or operates a facility where abortions are performed.
 138 9 For the purposes of this section, "abortion" does not include
 138 10 any of the following:
 138 11 a. The treatment of a woman for a physical disorder,
 138 12 physical injury, or physical illness, including a
 138 13 life-endangering physical condition caused by or arising from
 138 14 the pregnancy itself, that would, as certified by a physician,

CODE: Directs the DHS to discontinue the Medicaid Iowa Family Planning Network (IFPN) Waiver effective July 1, 2017, and to instead establish a State Family Planning Services Program. The State Program is to replicate the eligibility requirements and other provisions included in the Medicaid Family Planning Network Waiver. The Program funds are to be distributed in a manner that continues access to family planning services, but are not to be distributed to any entity that performs abortions or maintains or operates a facility where abortions are performed, or for direct or indirect costs related to providing abortions.

FISCAL IMPACT: This Division is estimated to increase General Fund expenditures by \$3,100,000 in FY 2018 and FY 2019. An allocation of \$3,383,880 was provided under the Medicaid appropriation for this Program.

More information is available here:

<https://www.legis.iowa.gov/docs/publications/FN/851805.pdf>

138 15 place the woman in danger of death.
 138 16 b. The treatment of a woman for a spontaneous abortion,
 138 17 commonly known as a miscarriage, when not all of the products
 138 18 of human conception are expelled.
 138 19 4. Family planning services program funds distributed in
 138 20 accordance with this section shall not be used for direct or
 138 21 indirect costs, including but not limited to administrative
 138 22 costs or expenses, overhead, employee salaries, rent, and
 138 23 telephone and other utility costs, related to providing
 138 24 abortions as specified in subsection 3.

138 25 Sec. 91. EMERGENCY RULES. The department of human services
 138 26 may adopt emergency rules under section 17A.4, subsection 3,
 138 27 and section 17A.5, subsection 2, paragraph "b", to implement
 138 28 the provisions of this division of this Act, and the rules
 138 29 shall be effective immediately upon filing unless a later date
 138 30 is specified in the rules. Any rules adopted in accordance
 138 31 with this section shall also be published as a notice of
 138 32 intended action as provided in section 17A.4.

Permits the DHS to adopt emergency rules to implement the provisions of this Division of the Bill.

138 33 Sec. 92. EFFECTIVE UPON ENACTMENT. This division of this
 138 34 Act, being deemed of immediate importance, takes effect upon
 138 35 enactment.

Specifies that this Division is effective upon enactment.

139 1 DIVISION XX
 139 2 MEDICAID HOME AND COMMUNITY-BASED SERVICES PROVIDERS — TIERED
 139 3 RATES AND DOCUMENTATION CHANGES
 139 4 Sec. 93. MEDICAID HOME AND COMMUNITY-BASED SERVICES
 139 5 PROVIDERS — TIERED RATES AND DOCUMENTATION CHANGES —
 139 6 EMERGENCY RULES.

139 7 1. Beginning July 1, 2017, the department of human
 139 8 services shall discontinue application of the retrospectively
 139 9 limited cost settlement methodology based on submission of
 139 10 required cost reports under 441 IAC 79.1, and shall implement
 139 11 tiered rates for providers of supported community living,
 139 12 day habilitation and adult day services for persons with an
 139 13 intellectual disability under the home and community-based
 139 14 services waiver program. The tiered rates shall be implemented
 139 15 in a phased-in approach to accommodate transition of providers
 139 16 to the revised reimbursement model. The department of human
 139 17 services and Medicaid managed care organizations may also
 139 18 establish tiered rates for other services.

Requires the DHS to discontinue using the cost settlement methodology and begin using a tiered rate methodology for providers of supported community living, day habilitation, and adult day services for persons with intellectual disabilities under the HCBS waiver program.

139 19 2. The department of human services shall amend 441 IAC
 139 20 24.4 relating to standards of service for providers of services
 139 21 to persons with mental illness, intellectual disabilities, or
 139 22 developmental disabilities pursuant to chapter 225C and 441

Requires the DHS to allow providers of services for persons with mental illness, intellectual disabilities, or developmental disabilities to use check boxes for documenting the services provided.

139 23 IAC 79.3(2) relating to medical clinical records for providers
139 24 of services under the Medicaid program pursuant to chapter
139 25 249A, to provide, effective November 1, 2017, that in addition
139 26 to allowing documentation of the provision of services or
139 27 standards of service in a narrative format, the following
139 28 providers may also provide documentation in a checkbox form
139 29 format in accordance with the provider's organizational
139 30 policies and procedures and in compliance with procedures
139 31 established by the centers for Medicare and Medicaid services
139 32 of the United States department of health and human services:
139 33 a. Advanced registered nurse practitioners.
139 34 b. Psychologists.
139 35 c. Community mental health centers.
140 1 d. Home and community-based habilitation services
140 2 providers.
140 3 e. Behavioral health intervention.
140 4 f. Case management services including home and
140 5 community-based services case management services.
140 6 g. Home and community-based services waiver services.
140 7 h. Behavioral health services.
140 8 i. Community-based neurobehavioral rehabilitation
140 9 residential services and intermittent services.
140 10 3. The department of human services may adopt emergency
140 11 rules under section 17A.4, subsection 3, and section 17A.5,
140 12 subsection 2, paragraph "b", to implement the provisions of
140 13 this division of this Act, and the rules shall be effective
140 14 immediately upon filing unless a later date is specified in the
140 15 rules. Any rules adopted in accordance with this section shall
140 16 also be published as a notice of intended action as provided
140 17 in section 17A.4.

140 18 Sec. 94. EFFECTIVE UPON ENACTMENT. This division of this
140 19 Act, being deemed of immediate importance, takes effect upon
140 20 enactment.

The Division is effective upon enactment.

140 21 DIVISION XXI
140 22 TELEHEALTH PARITY INTERIM COMMITTEE

140 23 Sec. 95. TELEHEALTH PARITY INTERIM COMMITTEE.
140 24 1. The legislative council is requested to establish
140 25 a study committee for the 2017 interim to examine issues
140 26 relating to telehealth parity for private insurance and state
140 27 employee health plans. The study committee shall consult with
140 28 stakeholders to evaluate the benefits of telehealth parity
140 29 within the context of the needs of lowans such as access to
140 30 health care, review existing policies related to telehealth
140 31 reimbursement and the impact on private insurance and state
140 32 employee health plans, consider the costs associated with

Requests the Legislative Council to establish an interim study committee to examine issues relating to telehealth parity for private insurance and State employee health plans. The Division specifies duties and membership of the interim committee and requires a report to be submitted to the General Assembly by December 15, 2017, for consideration during the 2018 Legislative Session.

140 33 telehealth service utilization, consider telehealth's potential
140 34 impact to economic development opportunities for Iowa's
140 35 rural communities, and evaluate obstacles such as broadband
141 1 accessibility.

141 2 2. The members of the committee shall include:

141 3 a. Ten members of the general assembly as voting members.

141 4 (1) Three members shall be appointed by the majority leader
141 5 of the senate, two by the minority leader of the senate, three
141 6 by the speaker of the house of representatives, and two by the
141 7 minority leader of the house of representatives.

141 8 (2) The legislators appointed shall include:

141 9 (a) The chairpersons and ranking members of the general
141 10 assembly's committees on human resources or a member of the
141 11 committee designated by the chairperson or ranking member.

141 12 (b) The co-chairpersons and ranking members of the joint
141 13 appropriations subcommittee on health and human services, or a
141 14 member of the subcommittee designated by the co-chairperson or
141 15 ranking member.

141 16 b. One representative of each of the following
141 17 organizations as nonvoting members:

141 18 (1) The signal center for health innovation.

141 19 (2) The Iowa hospital association.

141 20 (3) An independent medical clinic.

141 21 (4) The Iowa medical society.

141 22 (5) The Iowa health care association.

141 23 (6) The federation of Iowa insurers.

141 24 (7) AARP Iowa.

141 25 (8) The Iowa telecommunications association.

141 26 (9) A mental health and disability services region.

141 27 c. The following agency directors or commissioner as ex
141 28 officio nonvoting members:

141 29 (1) The director of public health, or the director's
141 30 designee.

141 31 (2) The director of the department of administrative
141 32 services, or the director's designee.

141 33 (3) The director of the department on aging, or the
141 34 director's designee.

141 35 (4) The commissioner of insurance or the commissioner's
142 1 designee.

142 2 3. The interim committee may request information and
142 3 assistance from state agencies as applicable to the purpose of
142 4 the interim committee, as needed to complete the work of the
142 5 interim committee.

142 6 4. The interim committee shall submit its findings and
142 7 recommendations to the general assembly by December 15, 2017,
142 8 for consideration during the 2018 legislative session.

142 10 ALZHEIMER'S AND OTHER FORMS OF DEMENTIA — HEALTH AND
142 11 RESILIENCE OUTREACH (HERO) PROJECT — DEMENTIA-SPECIFIC CARE

142 12 Sec. 96. HERO PROJECT. The department of public health
142 13 shall collaborate with stakeholders that support individuals
142 14 with Alzheimer's disease to identify funding opportunities
142 15 to support the health and resilience outreach (HERO) project
142 16 for individuals caring for a family member with Alzheimer's or
142 17 other forms of dementia.

Requires the DPH to assist in identifying funding opportunities for the Alzheimer's Association HERO Project. The overall goal of the HERO Project is to help caregivers of individuals with a form of dementia to stay healthy by providing support and resources to them on a consistent basis.

142 18 Sec. 97. ACCESS TO DEMENTIA-SPECIFIC CARE. The department
142 19 on aging, the department of public health, the department of
142 20 inspections and appeals, and the department of human services
142 21 shall jointly analyze and make recommendations regarding
142 22 options for coordination between state agencies and private
142 23 entities to promote increased access to dementia-specific care
142 24 in both residential and home and community-based settings. The
142 25 analyses and recommendations shall address barriers to, gaps
142 26 in, and opportunities for increased access, the availability of
142 27 services in home and community-based settings as an alternative
142 28 to residential settings, and any changes in law necessary to
142 29 better address the needs of individuals with dementia and their
142 30 families. The departments shall submit a joint report of
142 31 findings and recommendations to the governor and the general
142 32 assembly by December 15, 2017.

Requires the IDA, DPH, DIA, and DHS to analyze and make recommendations for coordinating between State agencies and private entities to promote increased access to care for individuals diagnosed with dementia. A report must be filed with the Governor and General Assembly by December 15, 2017.

142 33 DIVISION XXIII
142 34 OFFICE OF MINORITY AND MULTICULTURAL HEALTH — REPEAL

142 35 Sec. 98. Section 135.159, subsection 3, paragraph i, Code
143 1 2017, is amended to read as follows:

CODE: Repeals the Office of Minority and Multicultural Health that was created in 2006.

143 2 i. For children, coordinate with and integrate guidelines,
143 3 data, and information from existing newborn and child health
143 4 programs and entities, including but not limited to the healthy
143 5 opportunities for parents to experience success – healthy
143 6 families Iowa program, the early childhood Iowa initiative,
143 7 the center for congenital and inherited disorders screening
143 8 and health care programs, standards of care for pediatric
143 9 health guidelines, ~~the office of minority and multicultural~~
143 10 ~~health established in section 135.12~~, the oral health bureau
143 11 established in section 135.15, and other similar programs and
143 12 services.

DETAIL: This is a decrease of \$74,389 and 0.50 FTE position from the Community Capacity appropriation compared to estimated net FY 2017.

143 13 Sec. 99. REPEAL. Section 135.12, Code 2017, is repealed.

143 14 DIVISION XXIV
143 15 PRIOR YEAR APPROPRIATIONS AND OTHER PRIOR PROVISIONS
143 16 ADOPTION SUBSIDY PAYMENTS AND SERVICES

143 17 Sec. 100. 2015 Iowa Acts, chapter 137, section 139,
 143 18 subsection 1, as amended by 2016 Iowa Acts, chapter 1139,
 143 19 section 17, is amended by adding the following new paragraph:
 143 20 NEW PARAGRAPH c. Notwithstanding section 8.33,
 143 21 moneys corresponding to the state savings resulting from
 143 22 implementation of the federal Fostering Connections to Success
 143 23 and Increasing Adoptions Act of 2008, Pub.L. No.110-351,
 143 24 and successor legislation, as determined in accordance with
 143 25 42 U.S.C. §673(a)(8), that remain unencumbered or unobligated
 143 26 at the close of the fiscal year, shall not revert to any fund
 143 27 but shall remain available for the purposes designated in this
 143 28 subsection until expended. The amount of such savings and any
 143 29 corresponding funds remaining at the close of the fiscal year
 143 30 shall be determined separately and any changes in either amount
 143 31 between fiscal years shall not result in an unfunded need.

Requires any identified State savings in the Adoption Subsidy Program resulting from federal Title IV-E eligibility to remain available for adoption subsidies and related support services. These savings will be identified separately from dollars remaining at the end of the fiscal year and will not revert to the General Fund.

143 32
 143 33 DECATEGORIZATION
 143 34 Sec. 101. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO
 143 35 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection
 144 1 5, paragraph “b”, any state appropriated moneys in the funding
 144 2 pool that remained unencumbered or unobligated at the close
 144 3 of the fiscal year beginning July 1, 2014, and were deemed
 144 4 carryover funding to remain available for the two succeeding
 144 5 fiscal years that still remain unencumbered or unobligated at
 144 6 the close of the fiscal year beginning July 1, 2016, shall
 144 7 not revert but shall be transferred to the medical assistance
 144 8 program for the fiscal year beginning July 1, 2017.

Transfers to Medicaid decategorization funds that would have previously reverted to the General Fund.

DETAIL: It is estimated that \$500,000 will be transferred to Medicaid in FY 2018.

144 8 Sec. 102. EFFECTIVE UPON ENACTMENT. This division of this
 144 9 Act, being deemed of immediate importance, takes effect upon
 144 10 enactment.

The Division is effective upon enactment and is retroactive to July 1, 2016.

144 11 Sec. 103. RETROACTIVE APPLICABILITY. This division of this
 144 12 Act applies retroactively to July 1, 2016.

144 13
 144 14 DIVISION XXV
 144 15 NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND IOWACARE
 ACCOUNT — BALANCES — REVERSIONS

144 16 Sec. 104. NONPARTICIPATING PROVIDER REIMBURSEMENT FUND AND
 144 17 IOWACARE ACCOUNT — AVAILABILITY — REVERSIONS.
 144 18 Notwithstanding any provision of law to the contrary, for the
 144 19 fiscal year beginning July 1, 2016, and ending June 30, 2017,
 144 20 there is appropriated from the IowaCare account established in
 144 21 section 249J.24, Code 2013, and the nonparticipating provider
 144 22 reimbursement fund established in section 249J.24A, Code
 144 23 2013, to the department of human services medical assistance
 144 24 appropriation in this 2017 Act any unencumbered or unobligated
 144 25 moneys from the account and fund to be used for the purposes of

Appropriates the balance of the Nonparticipating Provider Reimbursement Fund and the IowaCare Account to Medicaid to be used for the purposes under the IowaCare Program.

DETAIL: As of April 12, 2017, the the Nonparticipating Provider Reimbursement Fund had a balance of \$103,276 and the IowaCare Fund had a balance of \$258,184. There will continue to be IowaCare payment activity in FY 2017 and FY 2018 due to final FY 2014 DSH audit reconciliations, which impact IowaCare payments to the Broadlawns Medical Center.

144 26 the IowaCare account as provided in section 249J.24, Code 2013.
 144 27 Notwithstanding section 8.33, moneys appropriated in this
 144 28 section that remain unencumbered or unobligated at the close of
 144 29 a fiscal year shall not revert but shall remain available for
 144 30 expenditure for the purposes designated until expended.

144 31 Sec. 105. EFFECTIVE UPON ENACTMENT. This division of this
 144 32 Act, being deemed of immediate importance, takes effect upon
 144 33 enactment.

The Division is effective upon enactment.

144 34 DIVISION XXVI
 144 35 HOSPITAL HEALTH CARE ACCESS ASSESSMENT PROGRAM — REPEAL

145 1 Sec. 106. Section 249M.5, Code 2017, is amended to read as
 145 2 follows:
 145 3 249M.5 FUTURE REPEAL.
 145 4 This chapter is repealed July 1, ~~2017~~ 2019.

CODE: Extends the repeal of the Hospital Health Care Access Assessment Program to July 1, 2019 (FY 2020).

145 5 Sec. 107. EFFECTIVE UPON ENACTMENT. This division of this
 145 6 Act, being deemed of immediate importance, takes effect upon
 145 7 enactment.

The Division is effective on enactment.

145 8 DIVISION XXVII
 145 9 CUSTODIAL CARE

145 10 Sec. 108. Section 249.12, Code 2017, is amended to read as
 145 11 follows:

145 12 249.12 COST-RELATED SYSTEM.

145 13 1. In order to assure that the necessary data is available
 145 14 to aid the general assembly to determine appropriate funding
 145 15 for the custodial care program, the department of human
 145 16 services shall develop a cost-related system for financial
 145 17 supplementation to individuals who need custodial care and who
 145 18 have insufficient resources to purchase the care needed.

145 19 2. All privately operated licensed custodial facilities in
 145 20 Iowa shall cooperate with the department of human services to
 145 21 develop the cost-related plan. ~~After the plan is implemented,~~
 145 22 ~~state supplemental funds shall not be used for the care of~~
 145 23 ~~any individual in facilities that have not submitted cost~~
 145 24 ~~statements to the department of human services.~~

145 25 3. Beginning July 1, 2017, privately operated licensed
 145 26 custodial facilities in Iowa shall be reimbursed based on the
 145 27 maximum per diem rates established by the general assembly
 145 28 through the appropriations process.

CODE: Specifies that beginning July 1, 2017, privately operated licensed custodial care facilities are to be reimbursed based on the maximum per diem rates established by the General Assembly for the State Supplementary Assistance Program.

145 29 DIVISION XXVIII
 145 30 JUVENILE BEDS CAP

145 31 Sec. 109. Section 232.142, subsection 5, Code 2017, is
 145 32 amended to read as follows:

CODE: Specifies that in FY 2018, the statewide number of beds in juvenile detention centers will be increased from 262 to 272.

145 33 5. The director shall approve annually all such homes
 145 34 established and maintained under the provisions of this
 145 35 chapter. A home shall not be approved unless it complies with
 146 1 minimal rules and standards adopted by the director and has
 146 2 been inspected by the department of inspections and appeals.
 146 3 The statewide number of beds in the homes approved by the
 146 4 director shall not exceed two hundred ~~sixty-two~~ seventy-two
 146 5 beds beginning July 1, 2017.

146 6 DIVISION XXIX
 146 7 TRANSFERS OF FUNDS BETWEEN DHS INSTITUTIONS

146 8 Sec. 110. Section 218.6, Code 2017, is amended to read as
 146 9 follows:
 146 10 218.6 TRANSFER OF APPROPRIATIONS MADE TO INSTITUTIONS.
 146 11 Notwithstanding section 8.39, subsection 1, without the
 146 12 prior written consent and approval of the governor and the
 146 13 director of the department of management, the director of human
 146 14 services may transfer funds between the appropriations made for
 146 15 the ~~same type of institution~~ institutions, listed as follows:
 146 16 1. The state resource centers.
 146 17 2. The state mental health institutes.
 146 18 3. The state ~~juvenile institutions consisting of the state~~
 146 19 ~~training school and the Iowa juvenile home.~~
 146 20 4. The civil commitment unit for sexual offenders.

CODE: Amends language that allows the DHS to transfer funds between the institutions to include the CCUSO.

146 21 DIVISION XXX
 146 22 PELVIC EXAMS — PRIOR CONSENT
 146 23 Sec. 111. NEW SECTION 147.114 PRIOR INFORMED CONSENT
 146 24 RELATIVE TO PELVIC EXAMINATIONS — PATIENT UNDER ANESTHESIA OR
 146 25 UNCONSCIOUS — PENALTIES.
 146 26 1. A person licensed or certified to practice a
 146 27 profession, or a student undertaking a course of instruction
 146 28 or participating in a clinical training or residency program
 146 29 for a profession, shall not perform a pelvic examination on an
 146 30 anesthetized or unconscious patient unless one of the following
 146 31 conditions is met:
 146 32 a. The patient or the patient's authorized representative
 146 33 provides prior written informed consent to the pelvic
 146 34 examination, and the pelvic examination is necessary for
 146 35 preventive, diagnostic, or treatment purposes.
 147 1 b. The patient or the patient's authorized representative
 147 2 has provided prior written informed consent to a surgical
 147 3 procedure or diagnostic examination to be performed on the
 147 4 patient, and the performance of a pelvic examination is within
 147 5 the scope of care ordered for that surgical procedure or
 147 6 diagnostic examination.
 147 7 c. The patient is unconscious and incapable of providing

CODE: Prohibits a licensed or certified medical practitioner, clinical student, or resident in a profession from performing a pelvic examination on an anesthetized patient without prior written consent.

147 8 prior informed consent, and the pelvic examination is necessary
 147 9 for diagnostic or treatment purposes.
 147 10 d. A court has ordered the performance of the pelvic
 147 11 examination for the purposes of collection of evidence.
 147 12 2. A person who violates this section is subject to the
 147 13 penalty specified under section 147.86, and any professional
 147 14 disciplinary provisions, as applicable.

147 15 DIVISION XXXI
 147 16 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT
 147 17 ALTERNATIVE PAYMENT PROGRAM

147 18 Sec. 112. 2016 Iowa Acts, chapter 1139, section 81, is
 147 19 amended by striking the section, and inserting in lieu thereof
 147 20 the following:

147 21 SEC. 81. Section 249L.2, subsection 6, Code 2016, is amended
 147 22 to read as follows:

147 23 6. "Nursing facility" means a licensed nursing facility as
 147 24 defined in section 135C.1 that is a freestanding facility or
 147 25 a nursing facility operated by a hospital licensed pursuant
 147 26 to chapter 135B, but does not include a distinct-part skilled
 147 27 nursing unit or a swing-bed unit operated by a hospital, or
 147 28 a nursing facility owned by the state or federal government
 147 29 or other governmental unit. "Nursing facility" includes a
 147 30 non-state government-owned nursing facility if the nursing
 147 31 facility participates in the non-state government-owned nursing
 147 32 facility upper payment limit alternative payment program.

147 33 Sec. 113. 2016 Iowa Acts, chapter 1139, section 82, is
 147 34 amended to read as follows:

147 35 SEC. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER
 148 1 PAYMENT LIMIT ~~—SUPPLEMENTAL~~ ALTERNATIVE PAYMENT PROGRAM.

148 2 1. The department of human services shall submit, to the
 148 3 centers for Medicare and Medicaid services (CMS) of the United
 148 4 States department of health and human services no later than
 148 5 September 29, 2017, a Medicaid state plan amendment to allow
 148 6 qualifying non-state government-owned nursing facilities to
 148 7 ~~receive a supplemental~~ participate in an alternative payment
 148 8 program in accordance with the upper payment limit requirements
 148 9 pursuant to 42 C.F.R. §447.272. The ~~supplemental~~ alternative
 148 10 payment shall be ~~in addition to~~ the greater of the payment in
 148 11 accordance with the upper payment limit requirements pursuant
 148 12 to 42 C.F.R. §447.272 or the Medicaid fee-for-service per diem
 148 13 reimbursement rate or the per diem payment established for the
 148 14 nursing facility under a Medicaid managed care contract.

148 15 2. At a minimum, the Medicaid state plan amendment shall
 148 16 provide for all of the following:

148 17 a. A non-state governmental entity shall provide the state
 148 18 share of the difference between the expected ~~supplemental~~

Amends Division XVI of HF 2460 (FY 2017 Health and Human Services Appropriations Act) to make the following changes:

- Amends the title of the Non-State Government-Owned Nursing Facility Upper Payment Limit Supplemental Payment Program to the Non-State Government-Owned Nursing Facility Upper Payment Limit Alternative Payment Program. In addition, it changes references from "supplemental" to "alternative" throughout.
- Defines the payment to non-State governmental entities.
- Requires the DHS to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) no later than September 29, 2017.

DETAIL: The Program, if approved by the CMS, will allow non-State government-owned nursing facilities to partner with county hospitals by turning over their license to the hospital, enabling both to take advantage of the higher hospital-based Medicaid reimbursement rate for nursing facilities. Additional federal funds received from the transaction would be split between the nursing home and the hospital based on an agreement, and the State matching funds would be provided by the county hospital.

148 19 ~~alternative~~ payment ~~and the Medicaid fee-for-service per diem~~
148 20 ~~reimbursement rate~~ in the form of an intergovernmental transfer
148 21 to the state.

148 22 b. The state shall claim federal matching funds and shall
148 23 make ~~supplemental~~ alternative payments to eligible non-state
148 24 governmental entities based on the ~~supplemental~~ alternative
148 25 payment amount as calculated by the state for each nursing
148 26 facility for which a non-state governmental entity owns the
148 27 nursing facility's license. A managed care contractor shall
148 28 not retain any portion of the ~~supplemental~~ alternative payment,
148 29 but shall treat the ~~supplemental~~ difference between the
148 30 expected alternative payment ~~and the Medicaid fee-for-service~~
148 31 per diem reimbursement rate as a ~~pass-through~~ component of
148 32 the capitated payment calculation to the eligible non-state
148 33 governmental entity.

148 34 c. The ~~supplemental~~ alternative payment program shall
148 35 be budget neutral to the state. No general fund revenue
149 1 shall be expended under the program including for costs of
149 2 administration. If payments under the program result in
149 3 overpayment to a nursing facility, or if CMS disallows federal
149 4 participation related to a nursing facility's receipt or
149 5 use of ~~supplemental~~ alternative payments authorized under
149 6 the program, the state may recoup an amount equivalent to
149 7 the amount of ~~supplemental~~ alternative payments overpaid or
149 8 disallowed. ~~Supplemental~~ Alternative payments shall be subject
149 9 to any adjustment for payments made in error, including but not
149 10 limited to adjustments made by state or federal law, and the
149 11 state may recoup an amount equivalent to any such adjustment.

149 12 d. A nursing facility participating in the program shall
149 13 notify the state of any changes in ownership that may affect
149 14 the nursing facility's continued eligibility for the program
149 15 within thirty days of any such change.

149 16 e. No portion of the ~~supplemental~~ alternative payment
149 17 paid to a participating nursing facility may be used for
149 18 contingent fees. Expenditures for development fees, legal
149 19 fees, or consulting fees shall not exceed five percent of
149 20 the ~~supplemental~~ alternative funds received, annually, and
149 21 any such expenditures shall be reported to the department of
149 22 human services, and included in the department's annual report
149 23 pursuant to subsection 3.

149 24 f. The ~~supplemental~~ alternative payment paid to a
149 25 participating nursing facility shall only be used as specified
149 26 in state and federal law. ~~Supplemental~~ Alternative payments
149 27 paid to a participating nursing facility shall only be used as
149 28 follows:

149 29 (1) A portion of the amount received may be used for nursing
149 30 facility quality improvement initiatives including but not
149 31 limited to educational scholarships and nonmandatory training.

149 32 Priority in the awarding of contracts for such training shall
149 33 be for Iowa-based organizations.

149 34 (2) A portion of the amount received may be used for nursing
149 35 facility remodeling or renovation. Priority in the awarding
150 1 of contracts for such remodeling or renovations shall be for
150 2 Iowa-based organizations and skilled laborers.

150 3 (3) A portion of the amount received may be used for health
150 4 information technology infrastructure and software. Priority
150 5 in the awarding of contracts for such health information
150 6 technology infrastructure and software shall be for Iowa-based
150 7 organizations.

150 8 (4) A portion of the amount received may be used for
150 9 endowments to offset costs associated with maintenance of
150 10 hospitals licensed under chapter 135B and nursing facilities
150 11 licensed under chapter 135C.

150 12 g. A non-state governmental entity shall only be eligible
150 13 for ~~supplemental~~ alternative payments attributable to up to 10
150 14 percent of the potential non-state government-owned nursing
150 15 facilities licensed in the state.

150 16 3. Following receipt of approval and implementation of the
150 17 program, the department shall submit a report to the governor
150 18 and the general assembly, annually, on or before December 15,
150 19 regarding the program. The report shall include, at a minimum,
150 20 the name and location of participating non-state governmental
150 21 entities and the non-state government-owned nursing facilities
150 22 with which the non-state governmental entities have partnered
150 23 to participate in the program; the amount of the matching
150 24 funds provided by each non-state governmental entity; the
150 25 net ~~supplemental payment amount~~ difference between the
150 26 expected alternative payment and the Medicaid fee-for-service
150 27 per diem reimbursement rate received by each participating
150 28 non-governmental entity and non-state government-owned nursing
150 29 facility; and the amount expended for each of the specified
150 30 categories of approved expenditure.

150 31 4. The department of human services shall work
150 32 collaboratively with representatives of nursing facilities,
150 33 hospitals, and other affected stakeholders in adopting
150 34 administrative rules, and in implementing and administering
150 35 this program.

151 1 5. As used in this section:

151 2 a. "Non-state governmental entity" means a hospital
151 3 authority, hospital district, health care district, city, or
151 4 county.

151 5 b. "Non-state government-owned nursing facility" means a
151 6 nursing facility owned or operated by a non-state governmental
151 7 entity for which a non-state governmental entity holds
151 8 the nursing facility's license and is party to the nursing
151 9 facility's Medicaid contract.

151 10 Sec. 114. 2016 Iowa Acts, chapter 1139, section 84,
151 11 subsection 1, is amended to read as follows:
151 12 1. The section of this division of this Act directing the
151 13 department of human services to submit a Medicaid state plan
151 14 amendment to CMS no later than September 29, 2017, shall be
151 15 implemented as soon as possible following enactment, consistent
151 16 with all applicable federal requirements.

151 17 Sec. 115. EFFECTIVE UPON ENACTMENT. This division of this
151 18 Act, being deemed of immediate importance, takes effect upon
151 19 enactment.

151 20 Sec. 116. RETROACTIVE APPLICABILITY. This division of this
151 21 Act applies retroactively to May 27, 2016.

151 22 DIVISION XXXII
151 23 LEGISLATIVE INTERIM — OPIOID EPIDEMIC EVALUATION

151 24 Sec. 117. LEGISLATIVE INTERIM STUDY COMMITTEE — OPIOID
151 25 EPIDEMIC EVALUATION.

151 26 1. The legislative council is requested to establish an
151 27 interim study committee to comprehensively evaluate the state's
151 28 response to the opioid epidemic in the state.

151 29 2. The committee shall receive input from agencies and
151 30 entities including but not limited to all of the following:

151 31 a. Representatives of the professional licensing boards for
151 32 professionals authorized to prescribe controlled substances.

151 33 b. Representatives of public safety and public health
151 34 including but not limited to the office of the state medical
151 35 examiner, the division of criminal investigation of the
152 1 department of public safety, the department of corrections and
152 2 community-based corrections, law enforcement agencies, the
152 3 governor's office of drug control policy, and the department
152 4 of public health.

152 5 c. Representatives of the medical community and health
152 6 insurance payers including but not limited to the Iowa hospital
152 7 association, the Iowa medical society, the Iowa osteopathic
152 8 medical society, the Iowa pharmacy association, and America's
152 9 health insurance plans.

152 10 d. Consumers and representatives of consumers including but
152 11 not limited to the Iowa substance abuse information center, the
152 12 Iowa prescription abuse reduction task force, and addiction
152 13 treatment centers in the state.

152 14 3. The interim committee's evaluation shall include but is
152 15 not limited to a review of the protocols and practices relating
152 16 to the prescribing of opioid medications and the treatment
152 17 options available including medication-assisted treatment.

152 18 4. The interim committee shall submit a report, including
152 19 findings and recommendations, to the governor and the general

Specifies that this Division is effective upon enactment and applies retroactively to May 27, 2016.

Requests that the Legislative Council establish an interim study committee on evaluating the State's response to the opioid epidemic. The interim committee is required to submit a report to the Governor and General Assembly by November 15, 2017, that includes findings and recommendations.

152 20 assembly by November 15, 2017.

Summary Data

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)
Health and Human Services	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739
Grand Total	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739

Health and Human Services

General Fund

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)	Page and Line # (7)
<u>Aging, Iowa Department on</u>							
Aging, Dept. on							
Aging Programs	\$ 11,399,732	\$ 12,071,150	\$ 11,942,476	\$ 11,042,476	\$ -1,028,674	\$ 5,521,238	PG 2 LN 3
Office of LTC Ombudsman	1,276,783	1,324,202	1,310,281	1,160,281	-163,921	580,140	PG 4 LN 21
Total Aging, Iowa Department on	\$ 12,676,515	\$ 13,395,352	\$ 13,252,757	\$ 12,202,757	\$ -1,192,595	\$ 6,101,378	
<u>Public Health, Department of</u>							
Public Health, Dept. of							
Addictive Disorders	\$ 27,263,690	\$ 26,258,434	\$ 25,992,095	\$ 24,985,831	\$ -1,272,603	\$ 12,492,915	PG 5 LN 4
Healthy Children and Families	4,617,543	5,437,627	5,538,385	5,325,632	-111,995	2,662,816	PG 6 LN 27
Chronic Conditions	4,955,692	4,828,917	4,065,156	4,170,750	-658,167	2,085,375	PG 8 LN 33
Community Capacity	8,821,335	6,785,040	5,145,083	2,907,776	-3,877,264	1,453,888	PG 11 LN 2
Essential Public Health Services	7,297,142	7,078,228	8,410,493	8,197,878	1,119,650	4,098,939	PG 14 LN 15
Infectious Diseases	1,335,155	1,248,393	1,871,725	1,646,426	398,033	823,213	PG 14 LN 21
Public Protection	4,339,191	4,247,070	4,266,410	4,195,139	-51,931	2,097,569	PG 14 LN 27
Resource Management	855,072	971,215	998,981	971,215	0	485,607	PG 15 LN 26
Congenital & Inherited Disorders Registry	216,838	223,521	216,563	223,521	0	223,521	
Public Health	0	0	0	-1,281,367	-1,281,367	-640,683	PG 16 LN 3
Total Public Health, Department of	\$ 59,701,658	\$ 57,078,445	\$ 56,504,891	\$ 51,342,801	\$ -5,735,644	\$ 25,783,160	
<u>Veterans Affairs, Department of</u>							
Veterans Affairs, Dept. of							
General Administration	\$ 1,200,546	\$ 1,150,503	\$ 1,142,557	\$ 1,142,557	\$ -7,946	\$ 571,278	PG 16 LN 30
Home Ownership Assistance Program	2,500,000	2,500,000	2,393,750	2,000,000	-500,000	1,000,000	PG 17 LN 23
Veterans County Grants	990,000	990,000	947,925	947,925	-42,075	473,962	PG 17 LN 29
Veterans Affairs, Dept. of	\$ 4,690,546	\$ 4,640,503	\$ 4,484,232	\$ 4,090,482	\$ -550,021	\$ 2,045,240	
Veterans Affairs, Dept. of							
Iowa Veterans Home	\$ 7,594,996	\$ 7,316,100	\$ 7,228,140	\$ 7,228,140	\$ -87,960	\$ 3,614,070	PG 17 LN 1
Total Veterans Affairs, Department of	\$ 12,285,542	\$ 11,956,603	\$ 11,712,372	\$ 11,318,622	\$ -637,981	\$ 5,659,310	
<u>Human Services, Department of</u>							
Assistance							
Family Investment Program/PROMISE JOBS	\$ 44,773,875	\$ 36,200,196	\$ 43,004,480	\$ 43,004,480	\$ 6,804,284	\$ 21,502,240	PG 24 LN 28
Medical Assistance	1,385,191,564	1,303,190,737	1,285,832,597	1,284,405,740	-18,784,997	642,202,870	PG 28 LN 12
Medical Contracts	19,613,964	17,045,964	17,626,464	17,626,464	580,500	8,813,232	PG 36 LN 13
State Supplementary Assistance	11,897,187	10,722,135	10,372,658	10,372,658	-349,477	5,186,329	PG 38 LN 9
State Children's Health Insurance	20,413,844	9,435,831	8,518,452	8,518,452	-917,379	4,259,226	PG 39 LN 5
Child Care Assistance	41,408,668	31,722,450	39,843,616	39,343,616	7,621,166	19,671,808	PG 39 LN 20

Health and Human Services

General Fund

	Actual FY 2016	Estimated Net FY 2017	Rev Gov FY 2018	Final Action FY 2018	Final Action vs. Est Net 2017	Final Action Yr2 FY 2019	Page and Line #
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Child and Family Services	85,341,938	83,851,277	87,329,375	87,279,375	3,428,098	43,639,687	PG 42 LN 11
Adoption Subsidy	42,998,286	42,646,664	40,777,910	40,777,910	-1,868,754	20,388,955	PG 48 LN 10
Family Support Subsidy	1,073,932	772,102	1,069,282	1,069,282	297,180	534,641	PG 50 LN 4
Conners Training	33,632	33,632	33,632	33,632	0	16,816	PG 50 LN 25
Volunteers	84,686	84,686	84,686	84,686	0	42,343	PG 55 LN 29
Child Abuse Prevention	216,908	232,570	232,570	232,570	0	232,570	
MHDS Regional Grants	0	3,000,000	0	0	-3,000,000	0	
Assistance	\$ 1,653,048,484	\$ 1,538,938,244	\$ 1,534,725,722	\$ 1,532,748,865	\$ -6,189,379	\$ 766,490,717	
Eldora Training School							
Eldora Training School	\$ 12,233,420	\$ 12,233,420	\$ 11,350,443	\$ 11,350,443	\$ -882,977	\$ 5,675,221	PG 41 LN 26
Cherokee							
Cherokee MHI	\$ 5,545,616	\$ 14,658,594	\$ 13,870,254	\$ 13,870,254	\$ -788,340	\$ 6,935,127	PG 51 LN 6
Independence							
Independence MHI	\$ 10,324,209	\$ 18,464,015	\$ 17,513,621	\$ 17,513,621	\$ -950,394	\$ 8,756,810	PG 51 LN 12
Glenwood							
Glenwood Resource Center	\$ 21,524,482	\$ 20,468,802	\$ 17,887,781	\$ 17,887,781	\$ -2,581,021	\$ 8,943,890	PG 51 LN 35
Woodward							
Woodward Resource Center	\$ 14,583,806	\$ 13,995,352	\$ 12,077,034	\$ 12,077,034	\$ -1,918,318	\$ 6,038,517	PG 52 LN 3
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	\$ 9,893,079	\$ 10,671,957	\$ 9,464,747	\$ 9,464,747	\$ -1,207,210	\$ 4,732,373	PG 53 LN 6
Field Operations							
Child Support Recovery	\$ 14,663,373	\$ 14,663,373	\$ 12,586,635	\$ 12,586,635	\$ -2,076,738	\$ 6,293,317	PG 26 LN 26
Field Operations	58,920,976	49,370,117	48,484,435	48,484,435	-885,682	24,242,217	PG 53 LN 29
Field Operations	\$ 73,584,349	\$ 64,033,490	\$ 61,071,070	\$ 61,071,070	\$ -2,962,420	\$ 30,535,534	
General Administration							
General Administration	\$ 14,898,198	\$ 15,448,198	\$ 13,983,040	\$ 14,033,040	\$ -1,415,158	\$ 7,016,520	PG 54 LN 7
DHS Facilities	0	2,879,274	2,879,274	2,879,274	0	1,439,637	PG 55 LN 20
Commission of Inquiry	1,394	1,394	1,394	1,394	0	1,394	
Nonresident Mental Illness Commitment	142,802	142,802	142,802	142,802	0	142,802	
Nonresident Transfers	67	0	0	0	0	0	
Human Services	0	0	0	-1,467,303	-1,467,303	-733,651	PG 56 LN 1
General Administration	\$ 15,042,461	\$ 18,471,668	\$ 17,006,510	\$ 15,589,207	\$ -2,882,461	\$ 7,866,702	
Total Human Services, Department of	\$ 1,815,779,906	\$ 1,711,935,542	\$ 1,694,967,182	\$ 1,691,573,022	\$ -20,362,520	\$ 845,974,891	
Health and Human Services	\$ 1,900,443,621	\$ 1,794,365,942	\$ 1,776,437,202	\$ 1,766,437,202	\$ -27,928,740	\$ 883,518,739	

Summary Data

Other Funds

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)
Health and Human Services	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930
Grand Total	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930

Health and Human Services

Other Funds

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)	Page and Line # (7)
Human Services, Department of							
General Administration							
FIP - TANF	\$ 4,056,848	\$ 15,112,462	\$ 5,112,462	\$ 5,112,462	\$ -10,000,000	\$ 2,556,231	PG 18 LN 16
PROMISE JOBS - TANF	7,542,817	5,575,693	5,575,693	5,575,693	0	2,787,846	PG 18 LN 20
FaDSS - TANF	2,885,740	2,898,980	2,898,980	2,898,980	0	1,449,490	PG 18 LN 25
Field Operations - TANF	31,296,232	38,774,331	31,296,232	31,296,232	-7,478,099	15,648,116	PG 19 LN 1
General Administration - TANF	3,744,000	3,744,000	3,744,000	3,744,000	0	1,872,000	PG 19 LN 3
Child Care Assistance - TANF	35,047,110	49,866,826	47,866,826	47,866,826	-2,000,000	23,933,413	PG 19 LN 5
Child & Family Services - TANF	36,978,482	37,256,580	32,380,654	32,380,654	-4,875,926	16,190,327	PG 19 LN 26
Child Abuse Prevention - TANF	125,000	125,000	125,000	125,000	0	62,500	PG 19 LN 28
Training & Technology - TANF	247,247	1,037,186	1,037,186	1,037,186	0	518,593	PG 20 LN 11
General Administration	\$ 121,923,476	\$ 154,391,058	\$ 130,037,033	\$ 130,037,033	\$ -24,354,025	\$ 65,018,516	
Assistance							
Pregnancy Prevention - TANF	\$ 1,879,400	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	\$ 965,033	PG 19 LN 30
Promoting Healthy Marriage - TANF	13,992	25,000	25,000	25,000	0	12,500	PG 21 LN 12
Medical Assistance - HCTF	224,990,504	219,890,000	221,900,000	221,900,000	2,010,000	221,900,000	
Medical Contracts - PSA	2,002,176	1,300,000	800,000	800,000	-500,000	400,000	PG 67 LN 6
Medical Assistance - QATF	37,205,208	36,705,208	36,705,208	36,705,208	0	18,352,604	PG 67 LN 17
Medical Assistance - HHCAT	34,700,000	34,700,000	34,700,000	33,920,554	-779,446	16,960,277	PG 67 LN 29
IowaCare Fund	0	0	0	258,184	258,184	0	PG 144 LN 16
Medicaid Supplemental - MFF	1,021,178	500,000	500,000	500,000	0	500,000	
Nonparticipating Provider Reimb. Fund - NPPR	0	0	0	103,276	103,276	0	PG 144 LN 16
Assistance	\$ 301,812,458	\$ 295,050,275	\$ 296,560,275	\$ 296,142,289	\$ 1,092,014	\$ 259,090,414	
Total Human Services, Department of	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930	
Health and Human Services	\$ 423,735,934	\$ 449,441,333	\$ 426,597,308	\$ 426,179,322	\$ -23,262,011	\$ 324,108,930	

Summary Data

FTE Positions

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)
Health and Human Services	4,462.07	4,665.70	4,663.67	4,665.22	-0.48	4,665.22
Grand Total	<u>4,462.07</u>	<u>4,665.70</u>	<u>4,663.67</u>	<u>4,665.22</u>	<u>-0.48</u>	<u>4,665.22</u>

Health and Human Services

FTE Positions

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)	Page and Line # (7)
<u>Aging, Iowa Department on</u>							
Aging, Dept. on							
Aging Programs	25.49	27.01	27.00	27.00	-0.01	27.00	PG 2 LN 3
Office of LTC Ombudsman	14.42	15.99	16.00	16.00	0.01	16.00	PG 4 LN 21
Total Aging, Iowa Department on	39.90	43.00	43.00	43.00	0.00	43.00	
<u>Public Health, Department of</u>							
Public Health, Dept. of							
Addictive Disorders	7.71	10.00	10.00	10.00	0.00	10.00	PG 5 LN 4
Healthy Children and Families	11.30	12.00	12.00	12.00	0.00	12.00	PG 6 LN 27
Chronic Conditions	4.16	5.00	5.00	5.00	0.00	5.00	PG 8 LN 33
Community Capacity	6.87	13.00	13.00	13.00	0.00	13.00	PG 11 LN 2
Environmental Hazards	0.01	0.00	0.00	0.00	0.00	0.00	
Infectious Diseases	2.19	4.00	4.00	4.00	0.00	4.00	PG 14 LN 21
Public Protection	133.54	138.00	138.00	138.00	0.00	138.00	PG 14 LN 27
Resource Management	3.93	4.00	4.00	4.00	0.00	4.00	PG 15 LN 26
Total Public Health, Department of	169.71	186.00	186.00	186.00	0.00	186.00	
<u>Veterans Affairs, Department of</u>							
Veterans Affairs, Dept. of							
General Administration	13.88	14.25	14.25	15.00	0.75	15.00	PG 16 LN 30
Total Veterans Affairs, Department of	13.88	14.25	14.25	15.00	0.75	15.00	

Health and Human Services

FTE Positions

	Actual FY 2016 (1)	Estimated Net FY 2017 (2)	Rev Gov FY 2018 (3)	Final Action FY 2018 (4)	Final Action vs. Est Net 2017 (5)	Final Action Yr2 FY 2019 (6)	Page and Line # (7)
Human Services, Department of							
Assistance							
Family Investment Program/PROMISE JOBS	7.18	10.00	10.00	10.00	0.00	10.00	PG 24 LN 28
Medical Assistance	12.36	14.00	14.00	14.00	0.00	14.00	PG 28 LN 12
Medical Contracts	3.02	0.00	0.00	0.00	0.00	0.00	PG 36 LN 13
Child Care Assistance	2.69	0.00	0.00	0.00	0.00	0.00	PG 39 LN 20
Child and Family Services	3.14	1.00	0.00	0.00	-1.00	0.00	PG 42 LN 11
Assistance	28.38	25.00	24.00	24.00	-1.00	24.00	
Eldora Training School							
Eldora Training School	158.55	188.30	188.30	189.00	0.70	189.00	PG 41 LN 26
Cherokee							
Cherokee MHI	162.48	162.00	162.00	162.00	0.00	162.00	PG 51 LN 6
Clarinda							
Clarinda MHI	0.72	0.00	0.00	0.00	0.00	0.00	
Independence							
Independence MHI	208.90	204.00	204.00	204.00	0.00	204.00	PG 51 LN 12
Mount Pleasant							
Mt Pleasant MHI	0.71	0.00	0.00	0.00	0.00	0.00	
Glenwood							
Glenwood Resource Center	793.85	810.62	810.62	810.62	0.00	810.62	PG 51 LN 35
Woodward							
Woodward Resource Center	570.72	583.60	583.60	583.60	0.00	583.60	PG 52 LN 3
Cherokee CCUSO							
Civil Commitment Unit for Sexual Offenders	94.58	112.00	112.00	112.00	0.00	112.00	PG 53 LN 6
Field Operations							
Child Support Recovery	441.36	459.00	459.00	459.00	0.00	459.00	PG 26 LN 26
Field Operations	1,527.35	1,584.00	1,583.00	1,583.00	-1.00	1,583.00	PG 53 LN 29
Field Operations	1,968.72	2,043.00	2,042.00	2,042.00	-1.00	2,042.00	
General Administration							
General Administration	250.96	293.93	293.90	294.00	0.07	294.00	PG 54 LN 7
Total Human Services, Department of	4,238.57	4,422.45	4,420.42	4,421.22	-1.23	4,421.22	
Health and Human Services	4,462.07	4,665.70	4,663.67	4,665.22	-0.48	4,665.22	